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ORIGINAL COMMUNICATIONS.

*AGARICUS.**

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AND
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AGARICUS ALBUS. — *Polyporus officinalis*, *Boletus laricis*, *purging agaric* (unofficial), a fungus or toad stool obtained from the European larch.

It contains a substance—*agaricin*—which is a mixture of at least two different bodies, of which *agaric acid* is the active principle. This acid is a homologue of hydrochloric acid, moderately *soluble* in hot water, and but little soluble in cold water. Neutral salts of agaric acid are soluble in water, but saline combinations are insoluble.

Preparations.

Dose of *agaricin*, gr. $\frac{1}{12}$ to $\frac{1}{2}$.

Dose of *agaric acid* and its salts, gr. $\frac{1}{10}$ to $\frac{1}{12}$.

Dose of the *fluid extract*, ♏ ij–xv; not readily miscible with water. *Tablet triturates* containing the minimum dose will be found most convenient and efficient, but they should be kept in well-stoppered bottles.

Pharmacology and Therapeutics.—*Large doses* of agaricin produce vomiting and diarrhœa, and in cold-blooded animals there is paralysis of the nerve centres, reduced cardiac activity, with diminished cutaneous secretion, showing that it is a *decidedly poisonous* substance. In *warm-blooded animals*, by subcutaneous injection, there is slowing of the respiration, great prostration, and a tendency to the development of dyspnœic spasm, and sometimes general convulsions precede death. *Blood-pressure* is lessened from the use of small doses, indicating that it affects the vasomotor centres.

The *constitutional symptoms* are those of atropine poisoning, but applied locally it does not affect the pupil. Both these preparations, agaricin and agaric acid, have been used to check profuse perspiration of phthisis and other *pathological sweating*, especially night-sweats; but due allowance must be made for its purgative action by the conjoined use of some preparation of opium or other astringent. Agaric acid, when pure, it is said, is free from the drawback of agaricin in this respect. *Small doses* have a better effect than large, not only in controlling pulmonary secretions, but also in checking diarrhœa and dysentery, and the lacteal flow is likewise modified. Large doses, 30 to 60 grains of the powder, on the contrary, act as a drastic purgative; *inhalations* of the powder cause sneezing, but these methods of practice have been discontinued.

For *internal administration* it may be combined with aromatic sulphuric acid, which acts also as a synergist upon the cutaneous system and prevents the laxative effects.

℞ Agaricin, ... gr. j.
Acidi sulphurici aromat., . . ʒiv.
Elix. aurantii, . . q. s. ad ʒij.

M. Sig: One teaspoonful every four hours in a little water.

Unfavorable reports have appeared from time to time concerning the action of agaricin, some claiming that its action was slow, others, that no perceptible effects were produced; but, in view of the explanation given above, this will be understood.

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Surgeon's Agaric (Agaricus Chirurgorum) is the interior part of the fungus found growing on beeches, birches, and oaks, which, after being prepared with a weak lye and thoroughly beaten, has been used as a hæmostatic and in applying moxa. Spunk is prepared from it by steeping in a solution of nitrate and chlorate of potassium, which, when dried, is inflammable.

AGARICUS MUSCARIUS.—*Aminita muscaria*, the *fly-fungus* (unofficial); a *poisonous mushroom*, having an acrid, bitter taste, used by the Tartars as an intoxicant. This substance must not be confounded with Agaricus Albus, before mentioned.

The active principle, *muscarine*, is an alkaloid of a syrupy consistence, tasteless and odorless, resembling pilocarpine in some respects in its action upon the economy. *Soluble* in water, and thus it may be readily filtered out of any suspected poisonous mushrooms; insoluble in ether and chloroform. This alkaloid is also *produced synthetically* from cholin, a product of the putrefaction of albuminous substances, by oxidation with nitric acid.

Preparations.

Muscarina.—Muscarine: Dose, gr. $\frac{1}{8}$ to ij, in watery solution, by the stomach or hypodermatically.

Muscarina Nitras.—Nitrate of Muscarine: Dose, gr. $\frac{1}{10}$ to $\frac{1}{2}$, hypodermatically.

Pharmacology.—The poisonous effects are various, and accordingly different *antagonists* have been proposed, although, from personal experience, Whitla announces that *atropine* neutralizes the toxic effects, except the local mydriatic and anhidrotic action, having treated a large number of school-children poisoned in this manner. Digitalin and eserine have also been urged. *Artificial muscarine* is not so completely antagonized by atropine as natural muscarine. *Elimination* takes place by the kidneys unchanged, although it causes profuse salivation, perspiration, lachrymation; micturition is attended with more or less pain, and lethal doses set up vomiting and diarrhœa.

Synergists include all remedies acting as motor depressants, but the close resemblance between muscarine and pilocarpine should be noted. In a general way, it may be stated that the pharmacology of the two substances is practically the same; they differ only in degree, pilocarpine being the more active of the two.

The *general action* is that of a motor paralyzer, the irritability of *the heart muscle* being suspended, when the organ is arrested in diastole, while it is assumed that the inhibitory ganglion is stimulated. The irritability of the cardiac muscle, however, is not exhausted, as it will promptly respond to the usual methods, and contractions will begin. Upon *the brain* the action is that of an intoxicant, like alcohol, to be followed by stupor, coma, and, in case the bladder is not promptly emptied, the poison is re-absorbed, causing death. *The circulation* is modified by a diminution of the blood-pressure, and in frogs, when the heart has been arrested, a minute quantity of atropine solution is sufficient to immediately start it again. *Respiration* is slowed in like proportion through the depressant action of the drug upon the respiratory centre. *The temperature* is reduced, probably owing to a diminished heat production, but the movement of the body-heat depends upon the size of the dose. *Small doses* increase the body-heat after a longer or shorter period, while lethal doses produce a decided lowering of the temperature.

The *muscular system* suffers owing to defective internal respiration; less oxygen is distributed, while the carbonic acid accumulates, when the muscles exercise their inherent property and contract. These tetanic contractions are especially noticeable upon the muscles of the intestinal tract, and, as a result of increased peristalsis, *the secretions* are augmented, with the appearance, possibly, of bloody stools, with pain and nausea sometimes amounting to vomiting. Not only the intestinal, but all the secretions are increased in quantity, including that of *the liver* and the *cutaneous system*, and excepting perhaps that of the *genito-urinary tract*, in which it may cause suppression. Caution is necessary, therefore, in the administration of this drug in the case of disease of the kidneys, as serious results might be produced.

Taken internally, muscarine causes contraction of *the pupil*, but applied locally it sometimes produced dilatation.

Therapy.—Originally used for controlling the *night-sweats* of phthisis, the remarkable properties of this drug have attracted much attention, although up to this time but little clinical data have been collected. At present it occupies the *anomalous position* of being employed to overcome the very effects which

in health are produced by the administration of the drug. In this case, however, it is especially prominent because of our lack of knowledge of the different applications to which it is adapted, and it forms no more an exception to the rules governing our practice than the use of the deadly *arrow-poisons as cardiac tonics*.

In medicinal doses, however, much of its therapeutic value depends upon the fact that not at all times are these physiological activities produced. In phthisis, for example, when the patient remains quiet in bed, cutaneous transpiration may be held in abeyance, while the pulmonary and intestinal secretions are increased. As in using pilocarpine, the effect may be different when the patient remains quiet from that which follows when there is constant activity. Still, this explanation is insufficient to cover the paradox mentioned, but it opens up a promising field for study.

In all affections of the *respiratory tract* characterized by diminished secretion, as in acute and chronic bronchitis, muscarine may be used with benefit in small and frequently-repeated doses. Possibly muscarine may eventually prove useful in disorders of the alimentary tract in which there co-exists *constipation, hepatic and pancreatic deficiency*, with a tendency to the fermentation of food. On general principles we should esteem it a suitable remedy for the relief of *gastro-intestinal catarrh*. On purely theoretical grounds it has been recommended for the treatment of *diabetes* mellitus and polyuria, but there is some question as to the advisability of this procedure, by which organs already diseased and unable to perform their proper functions would be further incapacitated by the precipitation upon them of another poison. Just as muscarine is contra-indicated under certain circumstances with diminished secretion, by the same rule we should be unwarranted in its exhibition with increased secretion.

ALCOHOL: ITS IMPRESSIONS UPON THE MENTAL POWERS AND UPON HUMAN CONDUCT.

By T. L. WRIGHT, M.D.,
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THE occasional inebriate sometimes consumes alcoholic liquors with the object of elevating the standard of his mental capacities. The impression is very common that the use of alcohol will add to the power, the scope, and brilliancy of intellectual operations. An inquiry into the actual condition of the mind when it is under the influence of alcohol will clearly determine if this idea is correct or not.

There is no question but alcohol makes a very decided impression upon the powers of the mind. In truth, it operates upon them in a way peculiar to itself, and with a force that is irresistible. Alcohol controls every man who partakes of it as long as he remains under its influence. But it is essential to a right interpretation of the phenomena of mind when under the power of alcohol to remember that the benumbing effects of the poison permeate the whole organism. While they impress and modify the mental faculties separately and in detail, they also throw an undefined and immovable glamour over the mind as a whole, so that it is quite incapable of judging correctly of its own condition.

It is more difficult to enlist the interest and engage the attention of a man when intoxicated than when he is sober. The reason is that, his nervous sensibilities being enfeebled, he is not thoroughly alive to ordinary sensations and impressions. Whatever thoughts may happen to be in his mind remain there in stubborn and stupid possession. Nevertheless, he often imagines that he is in a turmoil of active mental labor. The drunken man, in truth, has no right conception of the passage of time. He is always surprised when told how late it is. The reason of this is, also, the dullness of his nervous sensibilities. He is deprived of his ordinary experiences in sensation, whereby he is admonished of the existence of time; for the succession of ideas through the mind, as it is rapid or slow, gives to an individual some notion of time's flight. To have the common or average conception of the passage of time, therefore, a man must be in possession of his natural sensibilities, so that the habitual impressions of common events may bear their natural relationship with the habitual experiences of other persons. Sound minds have an approximate notion, common to them all, of time's flight. It is reasonable to infer that, in a person whose sensitive capacities are obtunded, there can be no regular or normal succession or procession of ideas.

Ideas, therefore, become fixed; that is, they are changed with difficulty in a person who is drunken. Such a man is pertinacious and tire-

some. The leading idea is not readily modified or abandoned, for the formation of new conceptions is prevented by the difficulty of obtaining new facts for rational contemplation. The drunken man will rehearse some story or jest for half a day together, making himself a nuisance to each and every one he meets. If enraged, he stays enraged and hunts his enemy with a doggedness often out of all proportion with his alleged grievance. He loudly proclaims, "I won't forget it," and he truly will not, for a good while, for he has not sufficient mental vigor to supplant an old idea by the adoption of a new one. There seems to be an inconsistency in holding a mind whose instruments are dull, broken, or mislaid responsible for the strength and perfection of work in the same degree as a mind that operates by means of instruments keen, bright, and ready at hand.

The wonderful egotism of the drunken state exposes the inebriate to contempt as well as ridicule. It betrays him into all manner of absurd and unpleasant situations. Even the geniality and good nature of new intoxication are intensely selfish. They are manifestations of a morbid grandeur and condescension. An effort to guide or modify the vainglorious display will be met with abrupt and positive opposition. Drunkenness is usually an exhibition in which an imbecile and pitiable weakness of character is joined to an imagination filled with illusions of magnificence and power. Affection, love, regard for others, have really little part in the motives actuating a drunken man. Yet the annoying and offensively-patronizing airs of the drunken state are the least troublesome of its usual manifestations; for, quite likely, the same self esteem will be shown by a contemptuous and even ruffianly treatment of others, as though they were really the inferior and insignificant personages that they are held to be by a drunken man.

But the deceptions practiced by alcohol upon the egotistic feelings of one under its influence are sometimes really amusing. The casual drinker, when intoxicated, especially if he happens to occupy some responsible station in life, often becomes impressed with an exceedingly acute sensitiveness with respect to his social position as compared with the social position of others. He claims practically to occupy a station of the highest possible eminence, and demands that everybody shall approach him or his family "hat in hand." It is worthy of note that his punctilio in this matter grows more exacting in the precise ratio of the increase in the number of his "drinks."

The assistance of alcohol is often sought by public men for the purpose of adding to the lustre of their eloquence. Orators of true merit cannot, of course, address the public without saying something worthy of attention. But even these mar their best efforts by mingling with them the empty assumptions and exaggerations of the alcoholic style. Speakers who are in the habit of drinking generally keep on hand, for instant use, strings of verbiage consisting of words sonorous and lofty, but usually of little meaning. With these they beguile themselves and others into the belief that something of extraordinary significance is being said. Expressions about eternity, the everlasting, the Almighty, and the like, are apt to pour in a mighty stream from drunken lips.

Drinking orators seem to be on terms of great familiarity with the Deity. They speak of the "Almighty" in a manner half patronizing and half contemptuous, like a small boy when he alludes to his father as "the old man." Not a scintilla of rational sense can be discovered in drunken fustian of this sort. No more definite idea or mental picture can be drawn from it than from the hidden recesses of an impenetrable fog-bank, yet there are persons who admire with bated breath, and wonder what it all means. Nothing is more deceptive than alcohol in the rôle of oratory. It is, however, a universal liar. To search the eloquence and poetry of a nation, to carefully consider its literature and legislation, and mark the blemishes that have been placed upon them all by the audacity, the braggadocio, and the falsifications of alcohol, would be a curious and instructive labor.

The folly and danger into which the treachery of alcohol may lead its votaries are very clearly manifested in another direction. Illusions, hallucinations, and delusive convictions will beset the soundest mind when the sense of feeling is impaired. Common sensation is continually appealed to by all men in order to confirm or deny the correctness of information afforded by the special senses. In truth, there must be a thorough co-operation of the several senses in the determination of facts, or the mind will surely be deceived. It is easy to see, therefore, how misleading must be the knowledge of a person whose sense of feeling

is materially blunted. And, when it is remembered that in the drunken man the whole range of sensibility is deficient as well as distorted, the misapprehensions under which his mind must labor will be evident.

Into the mind of a man who is intoxicated there often comes a singular idea,—consequent upon the absence of the sense of feeling,—the idea that he is somehow physically invulnerable. His imagination seems to clothe his person in an impenetrable suit of mail. In this belief he is fortified by a consciousness that he is insensible to physical pain. All this is the result of illusions growing out of a poisoned and depraved state of the nervous energies. The sense of feeling is obtunded, and for that very reason the mind is misled—is, in fact, deluded.

But these fancies are likely to lead to disastrous consequences. A drunken person is often filled with an indomitable and reckless courage—a courage liable to be carried to the highest pitch of audacity and extravagance. This arises from his erroneous convictions respecting his personal safety as well as of his bodily prowess. A man in this state of drunken frenzy is truly "pot-valiant," a condition well known all over the world.

Tragedies in abundance owe their origin to the presumptuous arrogance of drunkenness, yet comical episodes are not unusual. When the inevitable time comes that alcoholic indulgence is no longer possible, when some rest and repose from the delirium of liquor is demanded by the outraged physical organism, the awaking from the drunken imaginings and fancies is attended with much nervous perturbation and mental misgiving. With returning sobriety the notion of bodily immunity from danger begins to dissolve and melt away. Very likely there is total forgetfulness as to many of the scenes and events of the drunken experience. A notification is perhaps received of insults tendered, or outrages perpetrated, or shameful indecencies committed, and apologies are demanded.

Explanations and abasements are now in order. The period is come when it is necessary for the drinker to skurry around and find out his various freaks of meanness. At length, the humbled man, however high in the "social scale," is ready to admit that he is no better than his neighbors. There is a special performance that is commonly in order at the end of an alcoholic storm. Very few drinkers escape it. The fitness of things imperatively demands it, and the requirement must be met. It is known in common but emphatic language as the process of "crawling out of the small end of the horn."

A discussion of the effects of alcohol upon the mind would be imperfect without directing attention to the sympathetic influence which a community living in an alcoholic atmosphere exerts upon all who are within its boundaries.

It is doubtful whether the surroundings of an ordinary drunken home conduce very much to fasten intemperate habits upon its younger members. Apart from the influence of heredity, the probabilities are that the tendency may be the very opposite. The horrors experienced by all, the complaints and admonitions of the sober members of such a home, together with the daily example of decency and morality seen elsewhere in all directions, lead to sobriety rather than drunkenness.

But there are regions of country of considerable extent where strong drink is habitually taken by the people in general—where, as a rule, the wealthy, the intelligent, the influential are almost continually under the influence of alcohol. In such an atmosphere there is little, if any, home objection, while the conduct and language of the public at large teach nothing of the advantages and beauties of sobriety. In such communities the exaggerations of the alcoholic disposition are in daily operation. The unduly-sensitive inebriate "honor" is ever on the alert to detect "insults." Deadly weapons are habitually carried, for some "difficulty" or other, having its foundation in drink, is perpetually on the tapis. The mother-tongue is much employed in asseverations of the intent to kill or willingness to die "in defense of my honor."

Now, there is here disclosed a mental nervous state that is habitually present and is in constant activity. The tone of the voice, the expression of the eye, the matter of the speech necessarily impress themselves on the daily beholder, whether he drinks or not. His voice, his look, his speech begin to correspond with these perpetual surroundings. His nerves vibrate in unison with the nervous impulsions of others. As a chord in musical vibration awakens a sympathetic movement in other chords, so the mere on-looker becomes imbued, through nervous sympathy, with kindred

nervous feeling. Even the women of the households, through force of habit and association, rather encourage the ragings and killings and dyings for "honor's" sake; and, in case of tragedy, they wear their weeds with something of pride and vanity,—for have not their lords and husbands "died in defending their honor"? It really seems to be possible that an inhabitant of an inebriate community might transmit a neurotic constitution to his posterity, weighted with all the evil potentialities of that constitution, even though he had never himself tasted of alcohol.

It is manifest that when the indispensable prerequisite to knowledge, namely, sensation, is depressed and torpid, a clear and true idea of anything presented to the mind is an impossibility. But the senses are not merely weakened by alcohol: they are unequally depressed; and, besides, they are disturbed in the uniformity with which they severally represent the same thing, both with respect to quality and completeness. There is distortion and caricature in the mental pictures of a drunken man. The information conveyed by the senses, and especially the sense of feeling, is not only imperfect,—incapable of becoming "set" in definite shapes,—but it is deformed, and even false.

If a person esteemed to be trustworthy deceives and falsifies regarding important things, those deceived by the falsification will think and act wrongfully respecting the things misrepresented. And this is the only rational and honest course they can pursue. In a manner parallel, when a drunken individual is deceived by false reports coming through the sense of feeling, and, in fact, through all the several senses, the conviction of his mind and the language and conduct inspired by them must be out of harmony with facts as they are observed by men in general; that is, out of proper relation with the recognized fitness of things.

There is another point of view from which to observe the distinctive influence of alcohol upon the mind—the point of consciousness. If alcohol depresses—blunts—sensation in proportion to the quantity taken into the system, then the presumption is that there must be a point of alcoholic saturation at which sensation will be practically extinguished, and this is the actual fact. This condition of alcoholic torpidity is not sleep. The senses are not simply suspended and subject to revival at the instigation of some slight irritation, or possibly of the wakeful mind itself. On the contrary, the senses are truly paralyzed by the poison, and no amount of irritation will serve to arouse them. This paralysis will remain unalterable as long as the conditions inducing it are unchanged. No effort of volition will exercise the slightest influence upon it. Indeed, volition itself is impossible. True, if the paralysis is partial an enfeebled will may provoke partial response, yet mere slumber or dullness, or fatigue, may respond to the impress of volition. There is, therefore, a radical difference between the unconsciousness of physiological states and that of toxicological states.

Now, to know precisely the injury done to the mind by the suspension of consciousness by alcohol, it will be proper to make some inquiry as to the nature or, rather, the offices of consciousness.

Sir William Hamilton describes consciousness to be "the self-recognition that we know, we feel, we desire. . . . . It is an actual or living, not a potential or dormant, knowledge. . . . . It is an immediate, not mediate, knowledge. . . . . It supposes discrimination, involves judgment, and is possible only through memory. . . . . Nothing but the facts of consciousness can be taken, or, if reason be admitted, it must rest solely upon the data of consciousness. . . . . Consciousness constitutes or is co-extensive with all our faculties of knowledge, those faculties being only special modifications under which consciousness is manifested."

But in drunkenness the powers of discrimination—impression, sensation, perception—are paralyzed by alcoholic anæsthesia, as also are the faculties of judgment and memory. Reasoning is impossible, for the "data of consciousness" are dim, imperfect, or altogether absent.

In a man quite unconscious from alcohol the revival of the senses and an approach toward a resumption of their uses are very gradual. In its primary stages this resumption is very indefinite and unsatisfactory. The first glimmerings of sense are not attended by a right perception of things, and, indeed, it is impossible to indicate any point in the process of regaining the state of natural consciousness where the convictions of a mind can be

trusted,—where, in truth, its knowledge is accurate and its conclusions are just. There is, in fact, no true "self-recognition." The same principle holds good in tracing the progress of an individual under the influence of liquor downward from a condition of pure consciousness to one of lumpish and insensate stupor. The very first drink throws a haze around consciousness, for alcohol tampers with the data essential to its brightness and perfection.

"The transition from the physical to the mental is the secret." The point of junction where the physical movement ceases to be physical, and where mental knowledge—no longer physical—begins, is the delicate and ethereal subject that has absorbed the best efforts of the human mind for ages. To accomplish the best work in this transference of the functions of the mere material body to the spiritual and immaterial qualities of the soul surely demands the aid of the physical organism in its freest and brightest perfection. Alcohol is an insuperable obstacle to this work.

What are the physical movements that lead up to consciousness? "Take an act of perception, *e.g.*, that of the face of a friend. We find three steps in the process: the impression received by the sensitive membrane, the transmission of the stimulus through the nerve-fibres, and, last, the conscious perception in the brain." * But in drunkenness the "membrane" is no longer normally sensitive, so the impression is misleading; the "transmission" is incomplete, for all the nerves are torpid; the "conscious perception" is cloudy, for the brain is in a state of partial paralysis. The consciousness thus developed must be unsound.

Alcohol in small quantities will render consciousness dim, feeble, and unreliable. In larger portions it will disorganize the elements of consciousness or will totally wreck and destroy them.

CASE OF PENETRATING WOUND OF HEART, FOLLOWED BY SEPTICÆMIA; DEATH; POST-MORTEM APPEARANCES.

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ON Saturday afternoon, November 9, 1889, about 4 o'clock, I was summoned to see Annie F., aged 21 years; married; colored. The family with whom she was living informed me that she had been cut with—it was supposed—a pocket-knife, one cut being on the left side of the neck just above the clavicle and the other on the left side of breast just to the right of left nipple. The cuts were received about 12 o'clock of the same day, and they had been dressed by a doctor with strips of adhesive plaster. The dressing on breast wound seemed to be all right; the edges of the wound were in close apposition, and held there pretty firmly by the dressing. The wound on the neck was only through the skin, and, as the strips of plaster had become loosened, I took them off and redressed it. The doctor who was first called in assured them that the wound in breast was only a flesh wound. She was not suffering much pain, but had become very nervous, and I deemed it best to give an opiate to allay pain and nervous excitement, and ordered the patient to be kept perfectly quiet in bed.

On Sunday morning, at my next visit, the family stated that she had passed a restless night; her pulse was almost imperceptible at the wrist; the surface of body was cold and clammy; she was unable to lie down, and had to be propped up in bed by means of chair and pillows; could hardly speak; in other words, she was in a state of collapse, and I supposed that the wound in breast had penetrated some organ, either the lungs or pericardium, and that she was suffering from internal hæmorrhage. On attempting percussion or auscultation on left side, the pain was so great I had to desist. I did not take the dressing off breast wound because I did not wish to probe the wound. I ordered ar. spts. ammo., teaspoonful every hour, together with the free administration of milk-punch. Was satisfied she would die in the course of a few hours, and so notified the authorities. Telephone message came in in the afternoon asking should her dying testimony be taken. Answered would see the patient soon and reply. About 5 P.M. found that she had revived markedly; pulse was firm and normal; surface of body and respirations were more natural, and she had partaken of slight nourishment. She then began to complain of pains in her back and lower part of abdomen. On making inquiry of family, was informed that her menses had made their appearance last some time in August, and she and her friends supposed she

* E. A. Washburn, Princeton Review, May, 1878.

was then pregnant. She had one child living, 2½ years old. Ordered small doses of morphia frequently repeated until pains ceased. On Monday morning the nurse found blood-stains on clothing, and, on examination *per vaginam*, found small pieces of clotted blood in vagina, os patulous, but fœtus could not be felt. Saw her Tuesday morning; found that she had still some pain and a slight discharge of blood from vagina. On Tuesday evening found her suffering from high fever; partially delirious; considerable cough; vomiting, and jaundiced eyes. On attempting examination of left chest, complained of pain on least pressure, but thought I could detect signs of commencing pneumonia. Ordered sulph. quinine and dilute hydrocyanic acid to allay vomiting. Sent word to authorities that she was suffering from abortion and threatened pneumonia, with no hope of recovery, and they, on attempting to take her dying testimony, were unable do so, as she was too weak and not wholly conscious. I had ordered antiseptic injections to be used night and morning, and I know she was kept scrupulously neat and clean. Quinine, milk-punch, and beef-extract were given freely, but she continued to fail, and died Saturday morning, 3 o'clock, six days and fifteen hours after receiving her wounds, from septicæmia. Post-mortem ten hours after death; rigor mortis well pronounced; palms of hands, soles of feet, and eyes well jaundiced. On making section through cartilages of ribs and sternum, found that the wound in breast was between third and fourth ribs, penetrating inward, backward, and downward, and had pierced the pericardium. In the pericardium there was about two tablespoonfuls of fluid blood and a small quantity clotted. On the anterior and external surface of heart there was a thin film of lymph. The wound in pericardium was about ¾ inch in length. Said wound had also penetrated the right ventricle a little to the right of the ventricular septum, and had passed clear through into the heart; the wound was plugged with pretty solid fibrin, extending a little way into the ventricle; the heart was clear of blood. The lower portion of each lung was somewhat hepatized,—the left more than the right,—small portions sinking on being placed in a pail of water. The liver was undergoing fatty degeneration owing to septicæmia, as were also the kidneys. The peritoneum, mesentery, and bowels were intensely jaundiced. The uterus, when opened, smelled foul, and on its posterior and upper surface the remains of the abortion could be seen, exhibiting a decomposed mass, but the fœtus had been expelled.

REPORT OF A CASE OF ULCERATIVE ENDOCARDITIS, WITH REMARKS.

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IN view of the singularly-peculiar characters exhibited by the case following, it is briefly recorded: M. A. H., female, aged 20; occupation, mill-hand (light work); was admitted to the medical wards of the Episcopal Hospital, August 27, 1889. Family history negative, and patient claimed to have no illness, except measles, until ten days before admission, when, without known cause, began to have headache, slight chills, pains in legs and arms, anorexia. Kept on her feet for a week, but three days before entering the hospital was compelled to go to bed. She was brought to the hospital lying down. On admission was anæmic, nervous, weak; complained of headache and abdominal pain. Temperature 103°, pulse 112, respiration 24; tongue coated and punctated, bowels constipated, and abdomen slightly tympanitic. There were no spots characteristic of typhoid fever, though, on pressure, gurgling and pain over right iliac fossa. Examination of thorax negative; without any more positive symptoms than the foregoing; the patient became weaker and more emaciated. During the first two weeks after admission the case was regarded as one of typhoid fever of somewhat a typical form. At the end of two weeks, however, there was noted a soft, blowing murmur of mitral regurgitation, the patient about the same time complaining of rheumatic pains in the knees, very severe and non-yielding to treatment. At the time of the appearance of the murmur the temperature assumed a hectic character. The murmur became steadily louder and more diffuse, the radial pulse rapid and weak. Emaciation advanced in spite of good appetite and of apparently good assimilation of food. Patient became very irritable and noisy, often delirious, the nervous symptoms being made markedly worse by any excitement. Discolored spots appeared on feet and legs due to capillary emboli, one of them sloughing.

There was now tenderness over the spleen. Numerous bed-sores appeared. No pain was at any time complained of in the cardiac region. After several attacks of heart failure, which were overcome to a great extent by liberal stimulation, she died on October 16th,—seven weeks after admission.

Autopsy.—Body very much emaciated; numerous ecchymotic spots on lower extremities; thoracic and abdominal contents very anæmic; abdominal organs all normal except spleen, which showed several suppurative infarctions; lungs normal and crepitant; pericardium very anæmic and intra-pericardial fluid increased in quantity; heart-muscle flabby and pale, on section quite soft; heart arrested in diastole, left ventricle completely filled by a large blood-clot, and on washing this away the mitral valve was exposed. Only one leaflet, which showed slight signs of beginning inflammation, remained; the other leaflet was missing. Fungous masses, which were only slightly elevated, occupied the place of the latter leaflet. These were very friable and some were detached in clearing away the clot. Organized clots were found in many places clinging to the capillary muscles. The interior of both ventricles showed in many places bluish patches,—the result of post-mortem changes. The other valves of the heart were found to be competent.

Remarks.—A point of clinical interest in this case is the close resemblance of its main characters to typhoid fever during the first two weeks of the illness, there being in this period entire absence both of heart and local rheumatic symptoms, though the fever present was, in all probability, rheumatic in nature. A glance at the temperature-chart will show to the reader that from September 19th to October 2d the morning temperature was almost regularly subnormal, and also in every instance in which this occurred the temperature suddenly rose again, from 2 to 3 degrees above normal. A subnormal temperature followed immediately by a rapid rise is, in the writer's experience, already a bad omen.

This was evidently a case of ulcerative endocarditis, though it did not occur in the course of pyæmia, or puerperal fever, or scarlatina, or diphtheria,—diseases in which it is met with most generally. We must grant the possibility, however, of its having been a case of acute exudative endocarditis in which the inflammation progressed rapidly, affecting only one leaflet, which softened, and, being unable to resist the circulating blood-current, was swept away. From the appearance of the remaining cusp, it is probable that the absent one had been entirely destroyed before the former had become in the least degree involved.

A WATER-STILL WITHOUT WORM OR ORDINARY CONDENSER.

By EPHRAIM CUTTER, M.D., LL.D.,
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A FEW years ago a patient went to Idaho to live, where the water is alkaline. Feeling that she needed to be kept from suffering drinking this water, I suggested to her a very simple plan of procuring pure water from the alkaline water or from sea-water.

I tested the principle in my own family and found it to work well.

Mentioning the matter to one of the highest officials of the British Army who had served in India, he was so much impressed with its simplicity and efficacy that he wanted to see it put in operation. This was done by Mr. Crump, 190 New Bond Street, London. The official inspected the apparatus and pronounced it satisfactory, and said it ought to be published.

Description.—When you take off the cover to a dinner-pot in action, unless you are careful you will be scalded by the water which is condensed on its under surface, and which is distilled water. The idea occurred that by having a large reservoir over a pot of boiling water more water would be condensed, and by adding a little shelf to the bottom of the reservoir it could be collected in quantities sufficient for use.

The illustration on next page is of such an apparatus. A, B, B′ is a reservoir, one-eighteenth of actual size, made of common tinned iron, 9 inches in diameter, with a tight cover, A, on the top. E is the handle. D is an army-kettle partially filled with water. F, F′ is a common ordinary flange adapted to the bottom of the reservoir, letting it fit into the army-kettle as a cover fits into a dinner-pot.

C, C′ is a flange like F, F′, only turned up instead of down, and soldered to the free end of the reservoir. This makes a ledge in which the distilled water is collected and runs off in the tube B, G, dropping through the air into receptacle H. In dropping through the air the

water becomes aërated, though the distance may be only 12 inches. This is an important feature in the instrument, and explains why ordinary distilled water is brackish. It is because it has not come in contact with the air as it issues from the still.

The apparatus is placed upon a stove or other heat and gently run so that steam will not come out of G. This apparatus will give a pint of water in two hours; of course, the capacity can be doubled by doubling the capacity of the reservoir, and so forth.

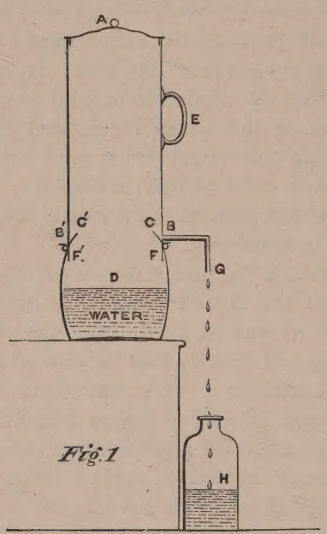

Fig. 1

Variations.—The reservoir may be made collapsible like the ordinary collapsible drinking-cup. The cover may be made to take off. The reservoir may be made to fit any size of dinner-pot. The materials may be of crockery or brass or other metals, except zinc, which distills overfreely oxide of zinc into the water.

Principles.—In times past it has been considered necessary that a still should be supplied with a condenser of ice-water. In the present instance the air acts as a condenser, and cool air comes in to replace the air as fast as it is loaded with the latent heat of the steam.

Advantages.—In the gravel diseases, such as rheumatism, asthma, calculi of the kidney, liver, salivary ducts, nasal passages, vagina, bowels, or bladder, the patients should drink water that is absolutely free from any solid deposit (I cannot say mineral, as water is a mineral). These gravels would never be deposited if there was a sufficiency to dissolve them, and physicians would find it greatly to their advantage to have their patients drink such water; but the difficulty is to get this water. For a dollar this apparatus ought to be furnished and applied to whatever kitchen pot can be spared and devoted to this purpose. People who live where the water is bad could use this device. Also, in shipwreck, palatable water could be had from the salt sea. I do not believe in making people live in spite of their environments.

I also think the druggists and chemists would find this device valuable to them, and, as this distills water at 212 degrees, any liquid whose boiling-point is under 212 degrees can be distilled in it.

ABSTRACTS.

LUPUS OF THE NASAL MUCOUS MEMBRANE.—Dr. Wagnier, of Lille, communicated to the International Congress of Laryngology and Otology, which met at Paris in September, 1889, the details of a case in which lupus attacked both the interior and the exterior of the nose. The mucous membrane was attacked primarily. The patient was a woman, 29 years of age, broken down from a long attack of inflammatory rheumatism, followed in two years by typhoid fever and frequent gastric troubles. She had a slight cough, diurnal and nocturnal sweats, but never spat blood. She presented no signs of syphilis, and her family history was negative as regards any tendency to tuberculosis or lupus. Eight years previously she had begun to have trouble with her nose. The mucous discharge was increased, became yellowish in color, while crusts, sometimes mingled with a little blood, escaped from time to time. During the last three years the left ala of the nose had been invaded exteriorly. When first seen by Dr. Wagnier the affected external surface exhibited a mass of moist tubercles covered with a greenish crust. When the scab was removed a surface was exposed, ulcerated in the centre, papillomatous at the periphery. There was a glandular enlargement the size of a pea in front of the ear and a ganglionic mass in the left subclavian triangle. The nasal cavities on both sides were diseased. An abundant sero-mucous secretion was found; the membrane was covered with greenish-gray, slightly-adherent crusts. The cavities, especially the right, were markedly enlarged. The lesions within

and without the nose were not directly continuous. Exploration of the chest yielded doubtful evidence. The vesicular murmur was weak in both apices. No bacilli were found in the sputum.

Three little masses taken from the affected mucous membrane were inoculated according to the method of Leloir in the peritoneum of a rabbit on June 20th. The animal died November 28th, when the spleen was thrice the normal size, stuffed with tubercular masses showing signs of beginning caseation. The mesenteric glands were enlarged; the liver was studded with tubercles and tubercular masses. The lungs were sound, but the tracheo-bronchial glands were greatly swollen. A piece of the spleen was hypodermically injected into another rabbit, which, dying January 2d, was found affected with general tuberculosis.—*Revue de Laryngologie*, etc., Oct. 15, 1889.

Detection of Specific Microbes in Synovial Fluid.—Smirnoff has recently published an interesting dissertation (St. Petersburg, 1889) in which he describes his examination of synovial fluid removed from articular cavities. He has found that not infrequently in the course of an infectious disorder the pathogenetic microbes may be detected in the synovia. His investigations embraced 51 cases, including erysipelas, pneumonia, abscess, phthisis, typhoid fever, diphtheria, and gonorrhœa. In some cases the search proved negative, while in other cases not only was the specific micro-organism present, but other microbes were also detected, showing that a secondary infection had occurred. Thus, for example, he sometimes encountered, in addition to the gonococcus or pneumococcus, the staphylococcus or streptococcus. Transportation of the germs, from the seat of primary deposit to the joints, occurred either by way of the blood- or lymph-vessels. The frequency of articular invasion seems to depend upon the size and form of the bacteria. The small round or oval forms, such as the pneumococcus or gonococcus, obtain much more ready entrance than the rod-shaped, even if these latter be very small, as the tubercle bacilli, while the larger, as those of anthrax and relapsing fever, are unable to penetrate the joints. The results of his studies in croupous pneumonia are noteworthy. Smirnoff examined 21 cases of pneumonia and in 15 obtained positive results. In 5 out of 9 cases of uncomplicated croupous pneumonia, diplococci and streptococci were found in the joints. In 1 case of pneumonia, complicated with typhoid fever, the bacilli characteristic of the latter affection were found in the right knee-joint. In another case, aggravated by pulmonary gangrene, staphylococci and streptococci were present. In 1 case of erysipelas the pathogenetic germs were found in the metacarpo-phalangeal joints of the erysipelatous left hand. In the case of a man who had died of erysipelas enormous colonies of cocci were found in the right shoulder- and knee- joints. The fluid injected into rabbits occasioned erysipelas migrans. In the left knee-joint of a case of diphtheria were found microbes exactly resembling the rod-shaped bacteria of Löffler.—*Wien. Med. Blätter*, Oct. 17, 1889.

The Physiological and Therapeutical Action of Sulphate of Spartein.—Dr. Gluzinski (Deutsch. Archiv f. klin. Med., Bd. 44, 1889) observes that this substance exerts a manifest influence upon the circulation. The effect is more marked in cold-blooded animals than in mammals, and is more striking in the former when the drug is applied directly to the heart than when injected subcutaneously or into a vein. The principal manifestation is retardation of cardiac action with rise of blood-pressure, and this influence, with successive increase in the dose, is expressed by three stages of activity. In the first and third stages notable retardation takes place, while in the second stage acceleration of the pulse often occurs. During the first period the vagi-nerves are sensibly stimulated; afterward their excitability slowly and constantly declines. During the first and second periods the muscles lose in excitability but gain in energy. In the third period muscular energy fails. The inhibitory centres of the heart are paralyzed, the peripheral motor nerves are apparently uninfluenced, the spinal reflexes are at first increased but afterward diminished. Death occurs from asphyxia in consequence of paralysis of the respiratory muscles. Clinically, Gluzinski found that the sulphate of sparteïn acted very favorably in those cases of heart disease in which compensation had failed. The pulse gained in force and the subjective symptoms were relieved. The rapidity of its action is the most important peculiarity of sparteïn, but its action is weaker than that of

digitalis. The variation of rhythm was not corrected in the observed cases. Sparteïn may be recommended when severe and threatening symptoms occur in uncompensated heart troubles, as a synergist with digitalis, and in cases where the latter may be worthless, as, perhaps, angina pectoris. Small doses of the sulphate of sparteïn (0 02 to 0.05 gramme = $\frac{1}{3}$ to $\frac{2}{3}$ grain) are more efficacious than larger in cases of defective compensation.—*Wien. Med. Blätter*, Dec. 26, 1889.

Local Anæsthesia Produced by Ouabaine and Strophanthine.—M. Gley made an important communication upon this subject to the Biological Society of Paris at its meeting of November 9, 1889. Ouabaïne is derived from an Apocynum, the juice of which is used as a poison by the Comalis, a tribe of the eastern coast of Africa. Upon the west coast the natives make use of another species belonging to the same order, viz., strophanthus hispidus, of which, also, ouabaïne is the active principle. This substance has been isolated in the products brought from these two different parts of the African coast by M. Arnaud, of the Museum. In South Africa is found a third Apocynum, strophanthus kombé, the seeds of which yield a second principle, strophanthine. The chemical composition of strophanthine is, according to M. Arnaud, very analogous to that of ouabaïne. These two products have likewise the same physiological properties, as MM. Gley and Rondeau have demonstrated. Both substances are active cardiac poisons. The local action which M. Gley announces is common to both, but more marked in ouabaïne. Three or 4 drops of a solution of 1 to 1000 dropped into the cornea anæsthetize it for a considerable time, which may extend to several hours. M. Gley exhibited to the Society a rabbit, the eye of which was completely insensible. Ten times the quantity of cocaine would have been required to produce as lasting an effect.

M. Laborde remarked that he had been present at the very interesting experiments of M. Gley, and had been impressed by the entire absence of conjunctival irritation produced by ouabaïne.—*Le Progrès Médical*, Nov. 16, 1889.

The Resistance of Animals to Tuberculosis.—This subject was discussed by Dr. Daremberg before the Parisian Academy of Medicine at the meeting October 29, 1889. The organism may be rendered more apt to contract tuberculosis, as, for instance, by furnishing it with glycogene by any means whatever,—in the form of food or by subcutaneous injection. On the contrary, the system is fortified against tuberculosis by the administration of oils and fats. This fact explains the therapeutic value of cod-liver oil. The oil does not destroy the bacilli, but enables the system to resist them. It is an agent of defense and not of attack. There is another method of increasing the resistant power, and that is by accustoming the animal to support the tuberculous virus by inoculating them beneath the skin by small doses of tubercle cultures. From his researches Dr. Daremberg concludes that it may become practicable to protect the system against the tubercular, as against other poisons, by a species of vaccination.—*Le Progrès Médical*, Nov. 16, 1889.

Retroperitoneal Fibro-lipoma.—At the meeting of the Royal Society of Physicians of Vienna, held December 20, 1889, Dr. von Eiselsberg exhibited a woman, 70 years of age, from whom a fibro-fatty tumor had been removed. The growth took its development from the capsule of the left kidney. The patient had applied to Billroth's clinic in October, and at first a diagnosis was made of carcinoma of the left ovary. The operation was performed on October 26th, and it was then discovered that the growth was retroperitoneal and connected with the kidney. That organ, necessarily, was removed, together with the neoplasm. The wound healed kindly, and in five weeks' time the patient had completely recovered. But 15 similar cases have been hitherto reported, 13 of which terminated favorably.—*Wien. Med. Blätter*, Dec. 26, 1889.

Syphilitic Diabetes.—Lemonnier reports the following interesting case: A man, 50 years of age, had suffered for an indefinite length of time from pronounced diabetes. A litre (1¾ pints) contained from 70 to 80 grammes (2 ounces 2 drachms to 2 ounces 4½ drachms) of sugar. The condition was very critical and became worse from day to day. Finally, the development of a gumma in the throat revealed the existence of an old syphilitic taint, which, however, the patient had con-

stantly denied. He was subjected to mercurial inunction, and iodide of potassium given internally. Within eight days decided local improvement took place; while the quantity of sugar to the litre of urine sank to 27 grammes (417 grains). Three weeks later not a trace of sugar was to be found. It is worthy of remark that during the course of specific treatment no antidiabetic regimen was observed.—*Deutsch. Med. Zeitung*, June 20, 1889.

Study of Tissue-Change in Carcinoma.—Herr Fr. Müller, of Bonn, made a communication on this subject to the Eighth Congress for Internal Medicine, held at Wiesbaden, April 15-18, 1889. He has found that, irrespective of any lesion of the kidneys, a considerable diminution of the excretion of urea occurs. In the last period of the disease the patient falls into a comatose condition, which experiments have determined to be due to the retention of excrementitious products. The excretion of urea almost entirely ceases.—*Deutsch. Med. Zeitung*, May 20, 1889.

The Increase of Consumption in Norway.—Dr. C. F. Larsen ascribes the fact to the following circumstances:—

1. The settlement in villages of individuals who have been infected abroad.
2. The transportation of tuberculous material by travelers.
3. Marriage of the tuberculous.
4. The infection of dwelling-rooms and clothing.
5. Sharing the bed of a tuberculous subject.—*Deutsch. Med. Zeitung*, Nov. 14, 1889.

Varieties of Pityriasis Rubra.—The second question proposed for debate to the International Congress of Dermatology and Syphilography, convened at Paris, Aug. 5-10, 1889, related to "Pityriasis Rubra and the Primitive Generalized Exfoliative Dermatides." In the discussion, M. Brocq, of Paris, gave the following summary: There exists a great variety of affections, still insufficiently understood, characterized objectively by a generalized redness of the derm and a more or less abundant desquamation of the epiderm. These affections have been described under the most diverse names, but, since the labors of Devergie and Hebra, have been generally classified under the title of pityriasis rubra. They are erythrodermies of M. Besnier. The group is not homogeneous. It includes: 1. The three following maladies, each of which has its own individuality: (*a*) the pityriasis rubra pilaris of Devergie, Besnier, and Richaud; (*b*) the pernicious lymphodermia of Kaposi and probably certain generalized eczema-like forms of mycosis fungoides; (*c*) generalized red and desquamative of artificial origin. 2. Certain generalized red and desquamative eruptions which should be placed in a separate group: (*a*) those acute and generalized attacks which often occur in the course of an eczema or psoriasis and, much more rarely, of a lichen planus; (*b*) the exfoliative herpetides of Bazin.

If all the above are excluded, there remains a class of red and desquamative generalized eruptions known as essential, and it is to these that the generic title of pityriasis rubra ought to be confined. They are: (*a*) desquamative scarlatiniform erythema or acute benign exfoliative dermatitis; (*b*) generalized exfoliative dermatitis, properly so-called or subacute; (*c*) chronic dermatitis; (*d*) chronic pityriasis rubra, type Hebra; (*e*) subacute or benign pityriasis rubra.—*Le Progrès Médical*, Aug. 10, 1889.

Sublimate-Lanolin as an Antiseptic.—Koch and Wolffhügel, having shown that carbolic acid dissolved in oil or alcohol is devoid of disinfectant power, it follows that antiseptics should be applied in some other form; for instance, in watery solution. But it is often desirable to employ them in the form of ointments, and herein the peculiar value of lanolin has been demonstrated by Dr. A. Gottstein in a series of experiments carried on in the Pharmacological Institute of Berlin. Lanolin possesses the property of taking up large quantities of water, whence it results that substances may be uniformly mixed with it that are insoluble in fats. Again, Gottstein has demonstrated the important fact that lanolin is indestructible by micro-organisms.

He ascertained that carbolic acid, thymol and menthol, incorporated with lanolin in proportions, as 5 per cent., were absolutely ineffectual as antiseptics. On the other hand, a lanolin ointment containing corrosive sublimate was equally efficacious with a watery solution. In his researches he added to anhydrous lanolin a determinate quantity of sublimate solution, 1 to 1000 or 1 to 5000.

The author enumerates several advantages from the use of sublimate lanolin: 1. A minimum quantity of the antiseptic is required. A moderate-sized superficial wound, *e.g.*, may be covered with about 0.5 gramme (7½ grains) of the ointment mass, containing about 0.5 milligramme ($\frac{1}{130}$ grain of the salt; whereas, in irrigation of the wound, if about ½ litre (14 fluidounces) are used, 0.5 gramme (7½ grains) of the antiseptic are allowed to flow over the absorbent surface, *i.e.*, 1000 times the quantity. 2. The salve comes into more intimate contact with the surface than the less-adherent watery solution. 3. Its influence is not temporary, but continuous. 4. The ointment acts as a protective against atmospheric contact.—*Wiener Med. Blätter*, Oct. 24, 1889.

Arsenite of Copper in Gastro-Intestinal Troubles.—John Aulde (Ther. Gaz., July. 15, 1889) strongly recommends the employment of arsenite of copper (Scheele's green) in all cases of derangement of the stomach and intestines, even in those cases where there is a suspicion of the beginning of typhoid fever. It has happened to him many times to abort morbid processes, which, according to all appearances, were nothing else than those of typhoid fever in the incipiency. He has never noticed any injurious effects to follow the administration of the remedy.

The doses employed are small,—one may almost say, homœopathic. In fact, he dissolves a single tablet of arsenite of copper, mixed with some sugar of milk, in from 4 to 6 ounces of water. Now, the arsenite of copper being mixed with sugar of milk in the proportion of 1 to 100, each tablet will contain $\frac{1}{100}$ of a grain of the remedy. The author then administers during the first hour 1 teaspoonful every ten minutes, and less frequently every succeeding hour, but in every case at intervals not longer than an entire hour, and the medicament is continued until the patient recovers. In the majority of cases a single tablet suffices, rarely two or more. The author asks also if the drug might not likewise be employed for the treatment of Asiatic cholera.—*Les Nouveaux Remedies*, Jan. 8, 1890.

The Work Already Done in the Direction of Standardizing Fluid Preparations.—The first and most notable advance made in the direction of supplying standardized preparations not open to the dangers of the existing pharmacopœial processes for fluid extracts was by Messrs. Parke, Davis & Co., who introduced in 1883 a class of assayed preparations which were entitled normal liquids. The standard decided upon for these fluids was the result of long experience in the collection, purchase, examination, and analysis of crude drugs, with a determination of the amount and character of their active principles. The reliability of normal liquids soon led to their large consumption, and the medical profession have evinced their preference for them to such an extent as to make them now an established and popular method of exhibiting the toxic and narcotic drugs.

Normal liquids may be defined to be concentrated tinctures, the methods of manufacture of which serve as models for imitation. They represent more closely than fluid extracts made by the present pharmacopœial methods the average standard-strength crude drugs. The simplest explanation of their nature would probably be to regard them as fluid extracts adjusted by assay to a fixed standard of strength, which makes them absolutely uniform in composition and therapeutic action.

The favor with which normal liquids and assayed products generally have been received by representative men of the medical profession has led us to believe that the best interests of pharmacy will not be served unless these or like preparations are officially recognized. For concentrated tinctures of a definite strength the name "normal liquids" appears to be happily chosen, as it implies a definite standard of strength. The list should embrace preparations of the more potent crude drugs, 1 centimetre representing 1 gramme of drug of standard strength.

It does not seem to us, from a careful review of all efforts made in this direction, that any have met with equal acceptance, or merit as much appreciation. Whatever may prove to be the decision of the committee as to making such assayed preparations official, there can never be any question as to whom the honor of their actual practical introduction is due.

As the time approaches when the revision is to take place (and in the minds of thinking men the standardization of fluid extracts is now an accepted fact), there will no doubt be many competitors for this honor who may

claim, by reason of a mushroom-like growth in the field of this new departure, official recognition for scientific work.

It will be necessary on the part of the Committee of Revision, therefore, to carefully investigate the claims in this direction, and when awarding the credit for such work to see that they do not place the laurels upon the wrong brow.

Unsupported and disinterested scientific labor, no matter from what source, should always be welcomed with the indorsement of scientific men, and we sincerely trust that the efforts made in this direction by those deserving it will receive full appreciation at the hands of the compilers of the forthcoming Pharmacopœia.—*Medical Age.*

NOTES ON THE TREATMENT OF ACNE.—H. Valentine Knaggs, M.R.C.S., L.R.C.P., in the Provincial Medical Journal, advises the treatment of this affection as follows:—

In order to reduce the sexual hyperæmia, with its attendant excessive vital energy, we must direct the patient to take plenty of vigorous exercise. In the case of a youth or young adult, he should be urged to join a gymnasium, or to regularly practice such arts as swimming, boating, lawn-tennis, cricket, dancing, and the like, during his spare time. Then he should take every morning a cold bath; this gives tone to the system generally and to the skin in particular, while it subtracts a considerable amount of animal heat which must be made good by the combustion of an extra quantity of fatty and hydrocarbon foods. As to diet, unless vigorous exercise is indulged in, the patient should be enjoined to eat animal food but sparingly, and to especially avoid cooked or decomposed fats, such as the fat or dripping of butchers' meat, pastry, etc.; while, should constipation be present, whole-meal bread and wheat-meal porridge are useful. By a judicious dietary we can, so to speak, cut off supplies by interdicting sundry articles of food which, in an ordinary way, would serve to increase sexual hyperæmia, and equally promote an increased secretion by the sebaceous glands. At the same time, by careful hygiene and exercise, the system is enabled to work off, or rather burn up, any excess of fatty matter. I believe the cold bath should hold foremost rank as a means of getting rid of this troublesome skin disorder. At times the Turkish bath may effect improvement by clearing the blocked ducts of their comedones, but the benefit that patients derive from this hot-air bath is often not lasting, and they are very prone to relapse.

With respect to therapeutic measures, a most valuable remedy is oxygen. No doubt, in the form of inhalation, it should give the best results, but this is out of the reach of most of us, and therefore it will be necessary to fall back on fitting substitutes. To drink oxygen-water, as supplied by Brin's Oxygen Company, is a good way of administering the gas. It should be taken to the extent of from 1 to 2 siphons *per diem.* Since much of the gas is lost in pouring it out, the patient should apply his mouth to the nozzle, then press the tap, and so drink it when the fullest possible amount of the gas will be had. Then we can administer peroxide of hydrogen, preferably in the form of ozonic ether, in doses of 15 minims to a drachm, three times a day in water. This volatile liquid promotes glandular secretion, and when given in cases of diabetes is found to oxidize sugar. In acne it is highly probable that it oxidizes fat. One might add, by the way, that ether alone markedly increases the digestibility of cod-liver oil and other oils when administered in combination with them. The compound of ether and peroxide of hydrogen is certainly a good one, and is decidedly efficacious in cases of acne. Lastly, we have chlorate of potash, which observers declare passes unchanged through the body. It has been supposed to give oxygen to the system; whether that be the case or not, it will be found to act satisfactorily in acne, more especially when combined with tinct. guaiaci, or tinct. guaiaci ammon. This mixture is, however, somewhat nauseous, and I would suggest a lozenge containing 5 grains of chlorate of potash and 2½ grains of guaiacum-resin in each as a more elegant way of administering the same.

Guaiacum, a remedy which I have found exceedingly useful in cases of boils, although in this respect it is not quite so curative as sulphide of calcium, yields very good results in some cases of acne. From its composition, the resin may be classed as a hydrocarbon, and, like ether, alcohol, and other volatile bodies of an allied nature, when given in small doses acts as a stimulant, quickening the circulation, and so promoting increased combustion of heat-producing food. Guaiacum is best administered

in the form of lozenges containing 4 grains in each, from 3 to 6, or even more, being given daily. The drug further sets up a mild irritant effect on the intestine, and thus acts as an efficient laxative.

I think it must be conceded that acne is more frequently seen in young adults who are rigid abstainers than in those who are moderate drinkers of alcohol; therefore, as experience will demonstrate, a judicious resort to beer or light wines may assist in removing the disorder. These beverages act in a similar manner to ether or guaiacum in accelerating the circulation and promoting increased combustion of the hydrocarbon foods.

According to my experience, but little reliance can be placed in local applications. Some form of sulphur is the medicament usually employed, and, in the main, perhaps, this mineral is one of our best topical remedies. Still, if practitioners would devote more attention to general measures, to the exclusion of mere palliatives, I think they would find, as I have roughly endeavored to set forth, that oxygen or volatile stimulant hydrocarbons exert a permanent and lasting effect in these cases, particularly if combined with a careful dietary and a regular and judicious use of the cold bath.

THERAPEUTIC NOTES.

TREATMENT OF ERYSIPELAS.

Dr. Koch treated numerous cases of erysipelas with the following ointment:—

℞ Creolin, ... ʒj.
Iodoform, . . . ʒiij.
Lanolin, ... ʒj.

This ointment is spread as an even, smooth layer over the affected skin and its surroundings, on an area of at least 2 to 3 inches to the outside of the inflamed parts. The whole is covered by a piece of mackintosh. Dr. Koch selected creolin in the above prescription because he thought that it was possessed of first-class disinfectant properties, without sharing the dangerous after-effects of carbolic acid. Iodine, which is derived from the decomposition of iodoform, stimulates absorption of inflammatory products. Lanolin has been chosen because it penetrates the skin best of all ointment bases.—*Journal of the American Medical Association*, January 18, 1890.

HERPES ZOSTER.

The first case was a young man with an eruption on his neck. In herpes zoster there is a change along the neurilemma of the nerves, and it is from this nerve trouble that it arises. The lesions are vesicles grouped around each other in patches along the course of one or a group of nerves; these vesicles dry up, leave a crust and a peculiar stain on the skin. Before the eruption appears there is severe pain, and to relieve this give at one dose hypodermatically:—

℞ Morphinæ sulph., . . gr. ¼.
Atropinæ sulph., . . gr. $\frac{1}{80}$.
M.

Galvanism along the course of the nerves is often efficacious. This is a case of herpes zoster cervicis. Locally, he was directed to use:—

℞ Plumbi carbonatis, . . ʒij.
Camphoræ, . . . gr. v.
Acidi carbolici, . . gr. ij.
Ung. zinci benzoati, . ʒj.
Misce et fiat unguentum.
Sig.: Use locally as a soothing agent.

℞ Ferri pyrophosphatis, . gr. xl.
Acidi arseniosi, . . gr. j.
Extracti ignatiæ, . . gr. ij.
Extracti belladonnæ, . gr. ij.
Misce et fiat pilula no. xx.
Sig.: Take 1 pill three times a day.—Dr. J. V. Shoemaker, in *The Times and Register*.

TREATMENT OF FROST BITE.

Leibreich recommends the following lotion:—

℞ Alum,
Borax, . . āā 5 grammes.
Rose-water, . . 300 "

He also recommends the pomade of Hufeland, which is composed as follows:—

℞ Borax, . . . 5 grammes.
Ointment, . . 25 "

Or,

℞ Camphorated oil, . 2 grammes.
Lanolin, . . . 20 "

—*Le Bulletin Médical; The Times and Register.*

ANTISEPSIS OF THE URINARY PASSAGES (PHILIPPEAU).

Creolin can be administered in capsules, in doses of 5 or 6 a day, according to the following formula:—

℞ Creolin, . . . 0 gr. .01.
Oil of fagus sylvatica, . 1 gramme.
In gelatinous capsules.

Or, the following pills, administered in doses of from 5 to 10 a day:—

℞ Creolin, . . . 1 gramme.
Extract of liquorice,
Powdered liquorice, āā q.s.
Make into 50 pills.

℞ Acid. salicylic., . . 1 gr. 5.
Borate of soda, . . 2 "
Syrup of orange, . . 30 "
Distilled water, . . 120 "
M. Sig.: To be taken in the twenty-four hours.
—*Revue de Thérap.; The Times and Register.*

A formula which has proved very useful in cases where a tonic was indicated is the following:—

℞ Tinct. capsici, . . . fʒss.
Tinct. hydrastis, . . . fʒj.
Liq. cocæ, ... fʒviss.
M. Sig.: One-half fluidounce as required.
—*Ibid.*

INTESTINAL ASEPSIS.

The large intestine should be irrigated twice daily with a quart of the solution given below at blood-heat:—

℞ Sodii boratis, . . . gr. lxxv.
Tinct. benzoin,
Tinct. camphoræ, . āā ♏lxxv.
Aquæ, ... Oij.—M.
—PROFESSOR BOUCHARD, in *Medical Mirror.*

FORMULÆ FOR THE ADMINISTRATION OF CREASOTE.

Dr. Keferstein has published some good formulas for the administration of creasote:—

℞ Creasote, ... gr. xx.
Alcohol, ... ʒvj.
Cinnamon-water, . . ʒiij.
Cinnamon-syrup, . . ʒvj.
M. Sig.: One tablespoonful three times daily.

For the pill-form the following is recommended:—

℞ Creasote, ... gr. lx.
Powdered marshmallow-root,
Purified liquorice, . āā ʒiss.
Mucilage of gum arabic, . q.s.
M. Div. pil. no. cxx, coat with gelatin.
Sig.: One pill three times daily.

In irritative cough and diarrhœa the following is administered:—

℞ Creasote, ... gr. xxx.
Acetate of lead,
Opium (pure), . . āā gr. v.
Extract of liquorice, . ʒiss.
Mucilage of gum arabic, . q.s.
M. Div. pil. no. l.
Sig.: One pill three times daily.

For children creasote in the form of the following emulsions seems best adapted:—

℞ Creasote, ... gr. xx.
Dissolve in almond-oil, . ʒj.
Gum arabic, . . . ʒv.
Water, ... ʒiij.
M. Make an emulsion and add—
℞ Comp. tr. of orange-peel, . gtt. xv.
Oil sugar of peppermint, . ʒj.
M. One teaspoonful two to five times daily.

For drop-doses the author uses the following:—

℞ Creasote, ... gr. xlv.
Tinct. of cinnamon, . . ʒj.
M. Sig.: Fifty drops three times daily in half a cup of warmed milk or Malaga wine.—*Deutsche Medicinische Wochenschrift; New York Medical Record.*

ATROPINE IN ENURESIS.

Dr. William Perry Watson, of Jersey City, N. J., recommends the following formula for enuresis, diurnal and nocturnal, in children:—

℞ Atropiæ sulph., . . gr. j.
Aq. destillat., . . . ʒj.
M. Sig.: Of this 1 drop for each year of the age of the child is given at 4 and 7 o'clock in the evening.

Under this treatment a permanent cure was effected in a series of 30 consecutive cases occurring in private and asylum practice. He claims that the sulphate of atropine in enuresis is a remedy which is unequaled in materia medica.—*Cincinnati Medical Journal.*

APERIENT PILL.

℞ Aloin, ... gr. ⅓.
Strych. sulph., . . . gr. $\frac{1}{40}$.
Ext. belladon., . . gr. $\frac{1}{10}$.
Pulv. ipecac., . . . gr. ½.—M
Pil. no. j. ft.

Now, generally, one such pill will be sufficient, acting within the range of aperient influence; but, if it has to be repeated at the end of five to eight hours, the patient escapes the noxious belladonna impression, and, it goes without saying, is safe as respects the strychnine.—DR. HENRY M. FIELD NEWTON MALL, in *Therapeutic Gazette.*

INFLUENZA—FOR THE BRONCHITIS.

℞ Sp. ammon. aromat., . ʒj.
Liq. ammon. acetat., ad ʒvj.
M. Sig.: A tablespoonful in water every three or four hours.—DRS. ROBERTSON AND ELKINS, in *British Medical Journal.*

INFLUENZA—FOR INSOMNIA.

℞ Paraldehyde, . . . ʒj vel ʒij.
Tinct. quillaiæ, . . ʒss.
Aq. cinnamomi, . ad ℥ij.
M. Sig.: The draught to be taken in water.

TREATMENT OF HÆMORRHOIDS (PILES).

Dr. Emory Langham, of Kansas City, recommends the following treatment in the Medical Catalogue:—

℞ Acidi tannici, . . . gr. v.
Cocaine hydrochloratis, . gr. ij.
Petrolati, ... ʒj.
Misce bene et ft. ungt.
Sig.: Apply as directed.

This is to be rubbed upon the tumor, and then an interval of about fifteen minutes allowed to elapse, when another application is to be made; ten minutes afterward the patient is to make an effort (and considerable force can be exerted) to force the protruding mass back into the bowel. If this prove unsuccessful, the ointment can be used every two or three hours for twenty-four hours, and then another attempt made, and so on.

If preferred, the following ointment may be prescribed:—

℞ Pulv. gallæ, . . . ʒj.
Extr. opii, . . . gr. viij.
Unguenti plumbi subacetat.,
Petrolati, . . . āā ʒj.
Misce et ft. unguentum.
Sig.: Ointment for piles. This is to be used in the manner above directed.

After the pile has been returned to the rectum, it is well to give a suppository, and for this purpose iodoform is highly lauded; it certainly, by its powerful odor, conveys to the patient's mind the idea that something is being done. A good combination is:—

℞ Iodoform, . . . ʒj.
Balsam Peruv., . . ʒij.
Magnesii calcin., . . ʒij
Olei theobromæ,
Ceræ albæ, . . āā ʒiss.
Misce et fiant suppositor. no. xij.
Sig.: Once or twice daily.

UTERINE TREATMENT.

Dr. William Taylor, in University Medical Magazine, says, in oversensitive cases apply to the fornix vaginæ the following ointment:—

℞ Ext. belladonnæ,
Ext. opii aq., . . āā gr. viij.
Unguentum iodinii, . . ʒj.
M. et ft. unguentum.

This I spread on thickly, cover with the wool, and then introduce a small ring-pessary to hold the wool in position. These applications should be renewed every third day.

General tonic treatment is needed in a large majority of our uterine cases. Ergot and nux vomica before meals, with the pyrophosphate of iron after, will often render good service in fat, anæmic patients, with large, flabby uteri. In more acute conditions, with tenderness, where there is continued cerebral fullness and flushings, strict attention to the bowels, keeping the discharges slightly fluid, and a mixture like the following are indicated:—

℞ Caffein hydrobrom., . ℈j.
Antipyrin, . . . ℈ij to ℈iv.
Acid. hydrobromic. dil., . f℥ss.
Elix. calisayæ, . . f℥iss.
M. Sig.: 2 fluidrachms t. i. d.

UTERINE HÆMORRHAGE.

℞ Hydrastinine hydrochlor, . 1 part.
Aquæ destillatæ, . . 10 "
D. S.: From half to one syringeful to be hypodermically injected.—DR. FALKA, in *Provincial Medical Journal*, Halifax, England.

INFLAMMATORY OTALGIA.

Dr. G. H. Thompson, of Kansas city, Mo., recommends the following in the Medical Mirror for February:—

℞ Muriate of cocaine, . . gr. iij.
Ext. of opium, . . gr. iij.
Ext. belladonnæ, . . gr. ij.
Water, ... ʒij.
M. Sig.: Ear drops. Drop two or three drops into a warm teaspoon and pour into the ear. [Poison.]

INFLAMMATION OF THE TONSILS.

Dr. Haberkorn, writing in the Centralb. für Chir., states that, taking into consideration how favorably inflammation of the tonsils is affected by dusting on medicaments in powder, he used salicylic acid, which, with either a dry or slightly-moistened throat-brush, he pressed into the mucous membrane. The applications he carried out himself morning and evening. If the false membranes were very thick, he applied similarly, to facilitate their solution, the following:—

℞ Pepsini, ... ʒj.
Acid. hydrochlor., . . ♏ xx.
Aquæ distill., . . . ℥iss.
Glycerini, . . . ℥j.

As an aid in the treatment he prescribed a mixture as under:—

℞ Acid. salicyl., . . . gr. xxx.
Mucilaginis, . . . ʒvj.
Syrupi rub. idæi, . . ʒj.

Sig.: "Shake the bottle." One teaspoonful every two hours.

which he sometimes followed by a mixture made according to the following formula:—

℞ Acid. tannici, . . . gr. xv.
Tinct. iodi, . . . ♏ij.
Aquæ destill., . . . ʒvj.
Glycerini, . . . ʒss.

Sig.: One teaspoonful every third hour.

If abscesses appeared on the tonsils they were rapidly reduced by the application of a paint prescribed as under:—

℞ Acid. tannin., . . . gr. xv.
Tinct. iodi, . . . ♏ij.
Acid. carbolic. liq., . . ♏xxx.
Aquæ dest., . . . ʒiij.
Glycerini, . . . ʒss.—M.

—*Provincial Medical Journal.*

ACUTE CATARRH OF THE STOMACH.

The rational treatment of acute catarrh of the stomach is to put no food into it. Let it rest. If food must be taken it should be milk and lime-water in small quantities, which will not form a large indigestible curd, as milk alone would be apt to do; or, better still, order peptonized milk. But if this rational treatment is not acceptable, or the case not so severe as to demand it, write out a diet to be adhered to for two days—something of this sort:—

Breakfast.—A cup of cocoa (not to be drunk while hot) or bread and milk. A little boiled fish or a poached egg, with one small slice of toast.

Luncheon.—A cupful of Benger's peptonized food or a custard pudding.

Dinner.—A little boiled fowl or a stewed sweet-bread with toast; no vegetables. A milk pudding. No beer, wine, or spirits. Aërated water, if preferred. Fluids to be taken in small quantities. In addition, order the following powders:

℞ Hydrarg. subchlor., . gr. ij.
Sacch. alb., . . . gr. v.

F. pulv. Mitte ij.

Sig.: One to be taken at bed-time.

℞ Bismuthi carb., . . gr. x.
Sodii bicarb., . . . gr. x.
Pulv. rhei, . . . gr. iij.
Pulv. cinnam. co., . . gr. v.

F. pulv. Mitte vj.

Sig.: One to be taken in milk before each meal.

The use of calomel in this condition is not only approved by experience, but was observed by Dr. Beaumont to be rapidly followed by diminution of the hyperæmia of the mucosa when given to St. Martin, suffering from gastric catarrh. With these means ordinary cases of gastric catarrh terminate by recovery in two or three days.—Dr. Robert Saundly, of Birmingham, in *The Times and Register.*

MENTHOL IN PRURITIC AFFECTIONS.

Menthol is highly recommended by Saalfeld, Berlin, in cases of pruritics of various kinds. He prescribes it either as a wash or as a salve, the formulæ being:—

℞ Menthol, . . . gr. xxii–xxxvij.
Spirit vin. rect., . ʒi⅔.

℞ Menthol, . . . gr. xxxvij.
Ol. olivarum, . . ʒii–ʒiij.
Lanolin, . . . ʒi⅔.

Both preparations have done him excellent service in urticaria, pruritus cutaneus, and pruritus senilis.—*Journal of the American Medical Association.*

ICHTHYOL.

In cases of acute or chronic rheumatism ichthyol is applied as an ointment, according to the following formula:—

℞ Ichthyol, ... ʒiv.
Lanolin, ... ʒij.

which ointment is also useful in cases of eczema. It has further done excellent services in cases of erysipelas and in a great number of cutaneous affections.

Ichthyol is also applied with a brush as an alcoholic solution, prepared according to the following formula:—

℞ Ichthyol, ... ʒj.
Alcohol,
Ether, . . . āā ʒss.

The internal administration of ichthyol is becoming more and more the fashion of the day; gout, lupus, lepra, and ischias are successfully treated by internal doses of ichthyol. The usual mode of prescribing is 2 grains of sulphichthyolate of sodium to each pill, of which, at the commencement, 2 are given twice a day, but soon they are increased to 5 pills twice a day. Ulcers of the leg, pruritus, burns, sycosis, and neuralgia are also successfully treated with internal and external application of ichthyol.—*Provincial Medical Journal.*

ACIDUM HYDROCYANICUM (SCHEELE).

Hydrocyanic Acid (Scheele).

Take of—

Ferrocyanide of potassium, . 2¼ ozs.
Sulphuric acid, . . . 1 fl.oz.
Distilled water, 24 fl.ozs., or a sufficient quantity.

Dissolve the ferrocyanide of potassium in 10 ounces of the water; then add the sulphuric acid, previously diluted with 4 ounces of the water and cooled. Put the solution into a flask, to which are attached a condenser and a receiver arranged for distillation, and, having previously put 1 ounce of distilled water into the receiver, and provided efficient means for keeping the condenser and receiver cold, cautiously apply heat to the flask, until by slow distillation the liquid in the receiver is increased to 10 fluidounces. Add to the product as much water as may be sufficient to bring the acid to the required strength.

Dose: 1 to 4 minims.

ACIDUM HYPOPHOSPHOROSUM.

Hypophosphorous Acid.

Take of—

Hypophosphite of barium, . . 8 ozs.
(Containing not less than 95 per cent. $Ba2(PH_2O_2)H_2O$.)
Diluted sulphuric acid, } of each a
Distilled water, } sufficient quantity.

Dissolve the hypophosphite of barium in 36 fluidounces of hot distilled water. Add slowly to the solution 17 fluidounces of diluted sulphuric acid, after which continue the addition, drop by drop, until no further turbidity is produced. Set aside in a warm place, and pass the clear liquid through a filter. Wash the precipitate by decantation with successive portions of hot distilled water until the washings have no longer an acid reaction. Filter, unite the filtrates, and evaporate the liquid on a water-bath to the prescribed density. The product will weigh about 11½ ounces.

Dose: 2 to 5 minims.

CHLOROFORMUM ACONITI.

Chloroform of Aconite.

Take of—

Aconite-root, ... 20 ozs.
Strong solution of ammonia, . 1½ fl.ozs.
Distilled water, ... 1 pint.
Chloroform, a sufficient quantity.

Bruise the aconite root, and moisten thoroughly with the strong solution of ammonia and distilled water, previously mixed. Macerate for four hours, dry carefully, and reduce to No. 40 powder. Pack tightly in a percolator provided with a tap and closely-fitting cover. Macerate for twenty-four hours with 20 fluidounces of chloroform; then pour on successive quantities of chloroform, percolating slowly until 30 fluidounces are obtained.

CHLOROFORMUM BELLADONNÆ.

Chloroform of Belladonna.

Prepared as chloroform of aconite (*q. v.*), substituting belladonna-root for aconite.

CHLOROFORMUM CAMPHORATUM.

Camphorated Chloroform.

Take of—

Camphor, ... 2 ozs.
Chloroform, ... 1 fl.oz.
Dissolve.

ELIXIR SENNÆ.

Elixir of Senna.

Take of—

Alexandrian senna, . . . 1 pound.
Refined sugar, in coarse powder, . 12 ozs.
Rectified spirit, } of each a
Distilled water, } sufficient quantity.

Mix 4 fluidounces of rectified spirit with 12 fluidounces of water, and with it moisten evenly the senna. Pack tightly in a closed vessel, and macerate for three days. Express forcibly, and pour the product on the sugar. Break up the marc, and add to it sufficient of the same menstruum to furnish in all 16 fluidounces of product. Express again after twenty-four hours' maceration, add the liquor to the previously-obtained product and the sugar, heat in a closed vessel by means of a water-bath to 200° F., and maintain at that temperature for ten minutes. When cold, strain, and add, after mixing—

Chloroform, ... 24 minims.
Oil of coriander, . . . 2½ "
Tincture of capsicum, . . ½ fl.drm.
Rectified spirit, . . . 3 "

Agitate thoroughly, and, if necessary, add proof-spirit to make the product measure 24 fluidounces.

Dose: 1 to 3 fluidrachms.

CATARRH SNUFFS.

For scrofulous rhinitis:—

℞ Sulphophenate of zinc, 20 centigrammes.
Salicylate of bismuth, 4 grammes.
Iodol, ... 3 "
Tannate of zinc, . 2 "
Pulverized tobacco, . 10 "

EXTRACTUM HÆMATOXYLI LIQUIDUM.

Liquid Extract of Logwood.

Take of—

Unfermented logwood in No. 16 powder, 20 ozs.
Distilled water, ... 6 pints.

Boil the logwood with 2 pints of water in a covered copper or enameled pan for half an hour, and strain. Add 2 pints of water, boil for another half-hour, and again strain. Repeat the process for a third time, and, having mixed the strained liquors, evaporate over a water-bath (or, perferably, *in vacuo*) until the product measures 1 pint. Set aside for seven days, and then decant the clear liquor by means of a syphon from any sediment that may been deposited.

Dose: ½ to 2 fluidrachms.

SYRUPUS CALCII HYPOPHOSPHITIS.

Syrup of Hypophosphite of Calcium.

Take of—

Hypophosphite of calcium, . 160 grains.
Distilled water, . . . 9 fl.ozs.

Dissolve and filter. To the filtered solution add:—

Refined sugar, ... 1 pound.

Dissolve with the aid of a little heat, strain, and add, after cooling:—

Hypophosphorous acid, . . 20 minims.
Distilled water, sufficient to produce 1 pint.

Mix. Each fluidrachm contains 1 grain of hypophosphite of calcium.

Dose: 1 to 4 fluidrachms.

SYRUPUS SODII HYPOPHOSPHITIS.

Syrup of Hypophosphite of Sodium.

Take of—

Hypophosphite of sodium, . 160 grains.
Distilled water, . . . 3 fl.drms.

Dissolve, filter, and wash the filter with distilled water, 1 fluidrachm. To the filtered solution add:—

Syrup sufficient to produce 1 pint.

Mix. Each fluidrachm contains 1 grain of hypophosphite of sodium.

Dose: 1 to 4 fluidrachms.—From *Year-Book of Pharmacy; The Pharmaceutical Journal and Transactions.*

CHRONIC PROSTATITIS.

Kaebner, of Berlin, applied iodide of potassium in cases of chronic prostatitis, and found that, for this purpose, suppositories composed of cocoa-butter, iodide of potassium, and belladonnæ extract are very useful, according to the following formula:—

℞ Potass. iodid., . . . gr. iv.
Ext. belladonn., . . gr. ⅓.
Butyr. cacao, . . . q. s.

Fiat supposit.

Sig.: One or two to be daily introduced into the rectum.

He frequently added bromide of potassium to this prescription, with a view of calming the increased sexual desires commonly observed during acute or chronic prostatitis, and during the inflammatory condition of the urethra associated with prostatitis, as also with a view of assisting the resorbent action of iodide of potassium. He formerly ordered:—

℞ Potass. iodid.,
Potass. bromid., . . āā gr. iv.
Ol. cacao, . . . q. s.

F. supposit.

to which he sometimes added extractum belladonnæ, as mentioned above. But he often experienced that these suppositories required a considerable time until they had completely melted. As long as they remained partly solid they were a cause of irritation, and not infrequently they were again discharged, although special care had been taken to introduce them high up into the gut. For such reasons he commenced to replace the suppositories by solutions, and to apply enemata consisting of a solution of iodide of potassium, to which occasionally bromide of potassium was added. In cases of considerable enlargement and obstinate indurations of the prostatic gland, he further added tincture of iodine to the said solution. The following is the exact composition:—

℞ Potass. iodid., . . gr. xlv.
Potass. bromid., . . gr. xl–xlv.
Ext. belladon., . . gr. v.
Aq. distill., . . ℥vj.

F. mistura.

Sig.: A tenth part to be diluted with 3 ounces of tepid water and used as an enema. Apply this enema once or twice a day.

Later on, the dose was increased as follows:—

℞ Potass. iodid., . . ℥iiss.
Potass. bromid., . . ℥ij–iiss.
Ext. belladon., . . gr. x.
Aq., ... ℥x.

Sig.: For twenty enemata.—*The Provincial Medical Journal*, Halifax, England.

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RECENT STUDIES OF DIABETES MELLITUS.

THOSE general diseases marked by an extended series of changes due to perversion of nutritive processes excite the keenest interest, in themselves considered merely as intellectual problems. Especially is this remark true of diabetes mellitus. The physiologist seeks to explain so profound an alteration of the normal methods of tissue-change. The practitioner, moreover, earnestly studies every proposed means of relief.

Upward of two score years have now elapsed since Claude Bernard startled the scientific world by announcing his discovery of the glycogenic function of the liver. Physiologists, pathologists, and clinicians have, since 1848, been constantly investigating the nature of the relation which exists between the assimilation of starch and sugar, the formation of glycogen by the liver, the normal proportion of sugar in the blood, an increase in the quantity of sugar contained in the blood and its excretion by the kidney. The varied disturbances of local nutrition and the occurrence of diabetic coma must obviously be connected with grave alterations in the quality of the circulating fluid.

A close connection was soon discovered between lesions of certain parts of the nervous system and an excess of sugar in the blood with its discharge by the kidneys. Successive experiments by Bernard, Pavy, Schiff, Eckhard, Cyon, and Aladoff, and by many others, demonstrated the existence of a nervous tract by which an influence was transmitted from the floor of the fourth ventricle through vasomotor nerves which arise within the medulla olongata. These pass down the cord, from which they emerge to accompany the vertebral artery, enter the lower cervical ganglion of the sympathetic, loop around the subclavian artery, pass through the first thoracic ganglion, and thence along the splanchnics and successive ganglia until they reach the hepatic plexus, and ramify upon the hepatic vessels. Paralysis of the vasomotor centre, or of the fibres connecting it with the liver, may be occasioned by puncture, section, or pressure. The result is dilatation of the vessels and an accelerated circulation through the liver. Furthermore, reflex paralysis of the vasomotor centre may be produced by injury to the pneumogastric or other nerve.

The gradual course of discôvery which has thus been sketched concentrated the attention of observers upon the nervous origin of the disease of which we write, especially in the absence of any constant and distinctive alteration in the liver structure. Physicians could not fail to perceive the frequent development of diabetes in consequence of prolonged anxiety or of manifest hereditary tendency. Again, impairment of cerebral functions excited suspicion of cerebral lesions, and these are, indeed, often found upon post-mortem examination, although it is not always easy to distinguish between cause and effect. The association of diabetes with peripheral neuralgias also suggests that the former may be the reflex consequence of the latter.

A certain number of cases of diabetes, however, is preceded by distinct evidences of digestive failure. It is known that gout constitutes a predisposition to diabetes, and Dr. Coignard published some years ago * reasons for believing that an excess of uric acid in the urine, not referable to other causes, is a premonitory symptom of diabetes. At the autopsy the liver has been found hyperæmic and enlarged, the seat of interstitial hæmorrhage, of sclerosis, atrophy, etc. The pancreas, likewise, not infrequently exhibits morbid changes. These may take the form of fatty degeneration, sclerosis, calculi, and cystoid degeneration. Senâtor estimates that disease of the pancreas is present in about one-half of all cases of diabetes. Cancer of the pancreas is sometimes found associated with sugar in the

* Le Courier Médicale, March, 1882.

urine. A case of this kind has been published within the year by Dr. Van Ackeren.* The reporter had discovered maltose and another form of sugar in the urine of a patient in whom, after death, was found cancer of the pancreas, stomach, and abdominal lymphatic glands.

In addition to an excess of glucose, other forms of sugar may be present in diabetic urine, as inosite, or muscle-sugar; levulose, or fruit-sugar, and maltose. The amount of urea excreted is largely increased. Acetone and alcohol are sometimes found. Oxybutyric acid is another constituent, while Hallevoren has demonstrated the elimination of ammonia in at least a certain number of cases.

We have thus been led to assume that glycosuria may be the result of altered structure or deranged function of several tissues, notably of the brain or upper portion of the cord, of the liver, or of the pancreas, and that the causative influence may be either direct or reflex. It is conceivable, therefore, that disease of the abdominal viscera may beget a reflex paralysis of the hepatic vessels. Evidence, however, has been lately brought forward to show that paralysis of the hepatic vasomotor centre may be due to a direct toxic impression. It was shown many years ago by Cozé that the amount of sugar, both in the liver and in arterial blood, was nearly doubled after the administration of morphine. It now appears probable that toxic substances generated within the economy may be concerned in the production of diabetes.

A valuable communication was made by Dr. Minkowski, of Strassburg, to the last Congress of German Naturalists and Physicians.† This author, in conjunction with Dr. v. Mering, had made a series of experiments upon dogs. It was found that when the pancreas was entirely extirpated, the animals, without exception, became and remained diabetic. This is the only instance of experimental diabetes which completely resembles the disease as it occurs in the human being. Sugar made its appearance in the urine without any reference to the nature of the diet. A purely animal diet was accompanied by the same manifestation. The dogs suffered from ravenous hunger and thirst, and, in spite of generous alimentation, perished within a few weeks from inanition. Minkowski concludes that at least a certain number of cases of diabetes are produced directly by disease of the pancreas, while it is possible that a disturbance or abolition of the function of this viscus plays a part in the genesis of every case of glycosuria. Neither the occurence of pancreatic disease without diabetes nor the presence of diabetes without apparent pancreatic disease militates against this hypothesis, for the preservation of a very small portion of the gland will prevent the development of diabetes. On the other hand, "functional disorders" of the pancreas, in consequence of nervous lesions, toxic influences, disturbances of the circulation, etc., are followed by the elimination of sugar. He thinks it possible, therefore, to regard glycosuria as the expression of disordered pancreatic function, even as albuminuria is the expression of disordered renal function.

The late researches of Coranda and Hallovorden relative to the disintegration of albuminous tissues which takes place in advanced diabetes have suggested the theory that diabetic coma is produced by the acids which accumulate in the blood as a result of this tissue-change. Fatty acids are set free, but the system has lost its power of converting them into their end-products. Ammonia represents the nitrogenous waste. These facts have led to the proposal to neutralize the acids by intra-venous injection of a physiological table-salt solution containing from 3 to 5 per cent. of soda. We lack sufficient evidence of the efficacy of this treatment. In 1 case of diabetic coma Minkowski saturated the acid-poisoned system with alkalies to the extent of rendering the urine alkaline. The patient survived the attack, but whether in consequence of the treatment we should hesitate to say.

Dr. Aye, of the Berlin Medico-Mechanical Institute, has published the details of 3 cases of diabetes treated, with very beneficial results, by means of regulated muscular exercise. He remarks that, although this is not a new method, promenades or mountain-climbing having been advantageously prescribed, yet he believes that a systematic course of medical gymnastics is attended by more marked improvement, and should, therefore, form an adjuvant to the dietetic treatment.

* Deutsche Med. Zeitung, July 4, 1889.

† Wiener Med. Blätter, Oct. 10, 1889. Deutsch. Med Wochenschrift, Nov. 28, 1889.

INTOXICATION FROM TISSUE-CHANGES.

THE conspicuous and familiar phenomena of the most usual form of intoxication have perhaps directed our thoughts too exclusively to toxic agents derived from external nature. The same remark is approximately true of the word "poison." We have enumerated, classified, and studied the action of numerous intoxicants or poisons introduced, either deliberately or unconsciously, from without. We have described the method in which the human organism is affected by mineral, vegetable, or even, in some cases, animal poisons. The scientific cultivation of pathology has acquainted us, however, especially in recent years, with a number of poisons generated within our own bodies. Just as vegetable structures planted in the earth's crust elaborate toxic alkaloids, even so schizomycetes or minute vegetable organisms develop in the soil of our own tissues, generate toxic substances, and poison the system from within. In the growth, repair, function, and waste of organs deleterious substances are daily and hourly being produced. Such are urea, leucin, tyrosin, cholesterin, etc. If these be not normally excreted, if they accumulate unduly in the blood, they give rise to some form or other of intoxication. The two most usual forms are lithæmia and uræmia, as we have generally agreed to call them. The widening range of inquiry is constantly tending to narrow the distinction between poisons the result of normal tissue-change and those produced by the growth of microphytes. Significant, also, is the fact that specific disease is not due to the mere presence, accumulation, or even dissemination of specific microbes, but to the poisons which they elaborate. Thus, the delirium, convulsions, or coma of infectious fevers expresses the action of a specific toxine upon nervous centres, aided by increased waste and deficient elimination.

The study of the production and the nature of poisons due to tissue-metabolism, whether physiological or pathological, is necessarily most obscure, depending largely, as it does, upon a competent knowledge of physiological chemistry; and, although that branch of science has advanced with giant strides during the last decade or two, yet the examination of animal tissues and products is notoriously difficult.

When the chief eliminating glands are disabled we readily recognize an accumulation of morbific matters and consequent intoxication of the system. If, however, disease of the emunctories is but secondary to a general disease process, we are obliged to search more deeply for the origin of the disturbances of nutrition. We have given a description in the preceding pages of recent inquiries concerning the origin of diabetes and diabetic coma. At the congress there referred to, addressed by Dr. Minkowski, the result of observations carried on in Prof. Leyden's clinic, at Berlin, was communicated by Dr. Klemperer. The subject of the paper was "Tissue-Change and Coma in Carcinoma." A short abstract in another column of this issue refers to a similar investigation by Herr Fr. Müller, of Bonn. Every practitioner has witnessed cases of carcinoma, whatever its original site, in which death was preceded by coma for twelve, eighteen, or even twenty-four hours. The writer vividly recalls such a state of cancer-coma in cases of carcinoma of the liver, stomach, and uterus. The study of the tissue-changes underlying this comatose condition involves a reference to the topic of intoxication in general. The admirable papers of Minkowski and Klemperer, in a manner, complement each other, and deserve to be studied in connection.

The latter author, then, gives a description of his studies relative to the genesis of coma in different affections, particularly in diabetes and cancer. In many cases of cancer, irrespective of the nature and amount of nutriment consumed, an increased destruction of albumen occurs. An excessive production of urea results, together with extensive fatty degeneration of parenchymatous organs and muscular tissue. The alkalinity of the blood is decreased. Coma is caused by the influence upon the central nervous system of poisonous materials circulating in the blood. In two cases of cancer-coma he discovered oxybutyric acid in the urine. The acidity of the blood and the presence of oxybutyric acid represent the disintegration of tissue. Fatty degeneration and increased formation of urea are common to all varieties of intoxication. He is therefore led to the con-

clusion that carcinoma is a toxic disease. In certain cases the intoxication is so profound that coma makes its appearance. The writer goes on to remark that, at least in severe cases of diabetes, an abnormal waste of nitrogenous tissue is the rule, while fatty degeneration is often witnessed. In grave cases of diabetes, likewise, enormous quantities of acids are discharged by the urine, and these acids cannot but be considered as deleterious to the economy. Nevertheless, Dr. Klemperer maintains that they are not the final origin of diabetic coma; otherwise, we should be unable to account for the existence of the coma when the acids had been neutralized. This statement he considers attested by the failure of therapeutic measures which aim to saturate the blood with alkalies. A discovery of v. Mering, the collaborator of Minkowski, is especially interesting in this connection. Von Mering succeeded in producing an experimental diabetes in dogs by the administration of a poisonous substance called "phloridzin." In the case of a man who suffered from an axillary carcinoma, he had also, by the same method, inaugurated a severe glycosuria, which continued for a month. Klemperer had repeated the experiment, and by placing dogs upon a course of phloridzin had rendered them first diabetic and then comatose. From a consideration of all the facts, the opinion had forced itself upon the last-named authority that in certain cases of diabetes toxic materials circulate in the blood, and that diabetic coma is the consequence of the direct action of toxines upon the cerebrum. The acidity, howsoever high it be, is a secondary cause. He concludes that diabetic coma supervenes, not because the blood is acid, but that the blood becomes acid by reason of the coma, because the accumulation of the toxine causes increased destruction of nitrogenous tissue. Minkowski, in the ensuing discussion, asserted his belief, however, that the diminished alkalinity of the blood is the origin of diabetic coma.

Limitation of space forbids us, in this number, to note the course and effects of other toxic processes, engendered by the products of specific germs, by tissue-changes due to diseases other than those named or to toxic drugs.*

*We are indebted, for our report of Dr. Klemperer's remarks, to the journals quoted in the preceding editorial.

THE SECOND EDITION OF AGNEW'S SURGERY.

THIS work† is a noble monument to the genius, industry, experience, and learning of its distinguished author. It presents, in a systematic and elaborate form, the ripened conviction of one long devoted to the cultivation and promulgation of scientific surgery and to the enlightened service of humanity. The torch of knowledge (according to the old figure), which Professor Agnew received from his illustrious predecessors, he has carried steadily aloft for many years, and transmitted, with added brilliancy, to his successor.

The style of this treatise is admirably simple, clear, and concise,—qualities which are often, in technical books, conspicious by their absence. None need ever read a sentence a second time in order to understand its meaning or to perceive its connection with what precedes or follows. It is a source of congratulation that the second edition of so large a work should be so soon demanded. We have been especially pleased, moreover, with the beautiful illustrations which accompany the text. The wonderfully clear plates which present the microscopical appearances of inflamed tissues and of morbid growths are of very material assistance in contributing to a comprehension of minute anatomy.

The whole field of surgery is surveyed by a master mind. The descriptions of disease are full without being prolix, and the choice of mode and time of operation is indicated with that sagacious judgment which is so much more difficult to acquire, and so much more valuable, than mere manual dexterity.

After an opening chapter on the general principles of surgical diagnosis, a second chapter is devoted to the important topic of antisepsis. A succinct account of the development of our knowledge of micro-organisms, and their relation to fermentation, putrefaction, and infection, is followed by a description of the materials made use of in aseptic surgery and the applica-

† The Principles and Practice of Surgery. Being a Treatise on Surgical Diseases and Injuries, by D. Hayes Agnew, M.D., LL.D. Second Edition. Philadelphia: J. B. Lippincott Company, 1889.

tion of antiseptic methods to operation. It goes without saying that the author earnestly inculcates the importance of a doctrine which has revolutionized surgery. The fourth chapter is devoted to an excellent and compendious exposition of the pathology of inflammation,—that comprehensive process, that powerful agent of destruction or repair, which must ever engage the patient study of the surgeon. The local and constitutional symptoms are accurately described, while the nature of inflammation is presented to the reader under the following heads: (1) Disturbed nerve-action; (2) disorders of the blood-vessels and their contents; (3) passage of the contents of blood-vessels through their walls; and (4) change in the perivascular tissues of the inflamed part. Under each of these heads the facts which have been acquired through the labors of many investigators are so clearly, orderly, and logically stated that a strong and distinct impression cannot fail to be stamped upon the mind of the attentive reader. To this section we are glad to find appended an instructive history of the causes and nature of inflammation. The author recounts the successive steps of hypothesis and discovery by which our present understanding of the subject has been gained. The treatment of inflammation is fully considered, while the effects or results receive appropriate notice.

Chapter V treats of wounds. The mode of closure of wounded vessels is described in the light of researches suggested by the author. The organization and vascularization of the thrombus are portrayed, and the steps traced by which the clot becomes an integral part of the vessel and leads to its permanent occlusion. He recommends the immediate plan of transfusion, performed by means of Aveling's syringe. The fruitless treatment of hydrophobia according to the older methods is briefly touched upon, while it is looked upon as not improbable that the labors of Pasteur shall, at no very distant day, place in our hands an effectual remedy against that dread disease.

The relief of epilepsy dependent upon old cranial injury by the use of the trephine is an interesting subject, and one which has lately attracted close attention. Although Professor Agnew has to tell us that his own success in the operative treatment of this class of cases falls far below the flattering results published by Billings, Walsham, and Briggs, he nevertheless feels sure that there is a good future for the operation. He points out the fact that, in many instances, too long a period has elapsed since the injury to render probable the attainment of ultimate success. He therefore advises early interference, even before the disease culminates in convulsions. He commends the practice of those surgeons who, in anticipation of epilepsy, use the trephine in cases of depressed fractures, although no urgent symptoms may at the time be present. The special indications are: where the disease is the result of trauma; where it originates within the limits of the motor centres of a definite group of muscles, as the face, arm, or leg; and in cases where cicatrices exist, either in the scalp or in the cerebral meninges. On the other hand, when the seizure gives no warning, but explodes instantaneously, and when no special group of muscles seems to take precedence in the attack, the case is considered unfavorable for operation. The highly important subject of cerebral surgery receives appropriate consideration, and the lines of external incision by which certain motor areas are reached are depicted upon a useful plate. The rules which should govern the operator in this new field are carefully detailed.

Abdominal surgery has advanced with giant strides during the last decade, and questions of grave import which arise within this department have been earnestly debated during the period named: What is the duty of the surgeon in wounds of the intestine? in wounds of abdominal viscera? What shall be done when the gall-bladder is occupied by large stones? How is the intestinal obstruction best managed? When should incision be made in suppurative typhlitis or appendicitis? Should normal ovariotomy be encouraged? Does hysterectomy for carcinoma offer any hope? These are among the queries which press upon the mind of the conscientious surgeon. And they all receive patient consideration in

the work before us. The original and ingenious investigations of Dr. Senn elicit our author's approval. The insufflation of the bowel with hydrogen gas, he thinks, has enabled us to determine with almost absolute certainty the existence of an intestinal wound. On the subject of intestinal wounds, Professor Agnew speaks with no uncertain sound: "It is only remarkable that we should have been so long content to stand by, and, under the influence of unquestioned precedent, see patients perish without an effort to remove the cause of death. In all cases, therefore, of penetrating wounds of the abdomen, where, from the nature of the vulnerating body, there is reason to believe that the intestine has been wounded, it is unquestionably the duty of the surgeon to open the abdomen and search for the lesion." In that very distressing condition, fæcal fistula, the wisest course is to leave the case to purely natural processes. After the opening has been been contracted by cicatrization, compression will often effect a cure. A hard-rubber truss, or the actual cautery, applied from time to time, are also commendable methods of relief. When the liver has been evidently wounded, laparotomy offers the only chance of relief. If the signs of progressive hæmorrhage exist, the operation of laparotomy should be promptly performed, and the bleeding be arrested by the cautery, or by suturing the parts with a catgut thread. In intestinal obstruction, if medical treatment should not afford speedy improvement, recourse should be had to operative measures without delay. While it is true that in about 40 per cent. of the cases recovery occurs after sloughing of a portion of gut, yet this very mode of termination lays the foundation of structural alteration of the bowel, and from this cause 40 per cent. of those who temporarily escape ultimately perish. Under strict antisepsis the operation is not peculiarly dangerous, and it promises to greatly reduce the mortality of this disease. In wounds of the bladder, laparotomy and suture of the wound is the only procedure entitled to confidence. If carcinoma be limited to the lower portion of the cervix uteri, the neck should be removed without delay. If the entire vaginal portion of the neck be invaded, a funnel-shaped incision, after the manner of Schroeder, should include all the diseased, with some sound, uterine tissue. But if the body of the organ be involved the surgeon should be content with using palliative measures. "Extirpation of the uterus on account of cancer has been frequently performed, but, as the disease is almost sure to return, it is difficult to understand the reasons which prompt such a procedure." In relation to fibroma of the uterus, the author believes that, in view of the results obtained by electricity, after the method of Apostoli, and also of the changes which occur after the menopause, the knife should be the last resort. He considers that Battey's operation has a certain though limited range of application, but that it is in very great danger of being abused. It is sometimes successful in hysteriodal and maniacal insanity, but its principal value is in those cases in which structural disease of the ovaries or the uterus constitutes the exciting cause of persistent suffering, and undermines the health, physically and psychically. After all "the usual remedies at command have been exhausted, there can be no good reason why the operation should not receive the unqualified sanction of the profession." The state of insecurity in which the sufferer from hernia dwells has inspired many attempts to devise a method of radical cure. Professor Agnew has, as is well known, invented an operation with the hope of securing so desirable a result. Nevertheless, he concludes that, "after a careful review of the various operations proposed and practiced for the radical cure of hernia, not one can be said to be altogether satisfactory; that of Macewen, in my judgment, promises to be the most successful, and, when executed under antiseptic methods, is attended with little danger to life."

We have naturally sought the opinion of this authority upon those points which have been most debated, or upon the advisability of recently-proposed operations. We would fain select for our readers other expressions of mature conviction. But it is manifestly impossible to epitomize three bulky volumes. Though the work is large, it is never dull. In

conclusion, let us say that this is one of those books which every practitioner ought to possess. Each chapter is pregnant with wisdom, and the physician who daily turns the pages of "Agnew's Surgery" need have no fear of ever wandering far astray from the safe path of treatment.

NEW INVENTIONS.

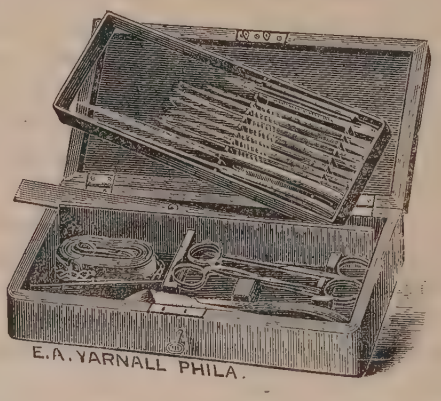
A New Minor Operating Case.

The journals have recently contained the obituary notice of a physician whose untimely decease was due to the fact that he had tapped a hydrocele in his own person with a bistoury which he had previously used to open an abscess on a patient, and had not taken sufficient pains to clean it. The lesson of the value of antiseptic precautions in making and treating wounds was, probably, fully impressed upon his mind by this *experimentum crucis*, though, unfortunately, too late to be of any value to himself or to his patients. The case is referred to here in order to demonstrate the very remarkable progress in practical surgery and in surgical pathology which has been made within a comparatively short period of time. A score of years ago such accidents happened, or, to speak more properly (since such occurrences are the natural result of certain conditions and therefore are not accidental), such effects followed appropriate causes, just as they do now; but the medical journals and the profession did not then denounce it as criminal carelessness, and directly attributed the infection of the wound to neglect on the part of the surgeon. Suppuration after wounds was then the rule, and healing by first intention was sufficiently rare—at least, in hospital practice—to make the case one of considerable clinical interest. Now, this has been changed, thanks to the able and indefatigable laborers in the field of bacteriology, and to the genius of Lister, who first applied their results to the treatment of wounds. There is now an obligation upon every physician who ever employs the knife or lancet to see that the instrument shall not be the means of carrying infection to his patient. In Germany, a physician who neglects to give his patients the benefit of the antiseptic method of the treatment of wounds is liable to forfeit his diploma and his practice, and be ordered back to college; in the United States, no commonwealth has yet taken such radical measures to protect its citizens, but popular opinion, at least, will go so far as to largely diminish the *clientèle* of those who practice according to old methods.

One penalty of progress is that it renders things once useful obsolete. The old spring-lancet has disappeared, and the thumb-lancet has also been left behind in the march of improvement. The same may be said of the velvet-lined operating-case and the instruments with carved-bone handles, that are so difficult to clean, and cannot bear the exposure to the high temperatures required by the antiseptic method.

Every physician who is liable to be called upon to open a hydrocele, extract a splinter, or treat an abscess is interested in the means offered him by the instrument-maker to perform the operation in a skillful manner and with the prospect of the most successful result. He cannot afford to treat wounds as he did twenty years ago, because he would not be doing justice either to his patient or himself.

As one of our best instrument-makers has, among others, paid me the compliment of consulting me with regard to the construction of a very compact, aseptic minor operating-case, I take the opportunity of returning the compliment by briefly bringing it to the notice of the profession.



The box is made of hard wood, polished inside and out, and contains a movable metallic tray, holding the knives, probes, etc., which can be immersed in the antiseptic solution, or boiled, if desired, in water. The tray has a hook (not shown in the cut) at the upper end, by which it can be lifted out of the box or the solution. The dimensions of the box are 10¼ by 5¼ by 2 inches. It is the most convenient, compact, and complete case that I have yet seen. The price is $25 net. Its appearance is well shown in the illustration. It contains twenty instruments, all of steel and nickel-plated, as follow:—

Two scalpels (different sizes), 1 straight bistoury, 1 curved probe-bistoury, 1 curved sharp bistoury, 1 tenaculum, 1 aneurism needle, 1 grooved director, 1 spring forceps, 1 amputating knife, and 1 small amputating saw (with movable back).

All of the above have metal handles, and are on a metal rack, which can be removed from the case and put into a solution with all the instru-

ments in position. In the bottom of the case are:—

One curved bone forceps, 1 curved scissors, 1 Esmarch's tourniquet (with chain), 1 Nélaton's bullet-probe, 2 hæmostatic forceps, 1 straight scissors, 1 pair probes, needles, wire, and silk.

A larger size will be made, containing a trephine and elevators, which will be sold at $30. I am also informed that other-sized antiseptic operating-cases will be made to suit the desires of individual purchasers to order.

MEDICAL NEWS AND MISCELLANY.

Le Docteur Georges Apostoli, of Paris, has removed to 5 Rue Moliere.

Dr. Wharton Sinkler, of Philadelphia, has removed to 1606 Walnut Street, Philadelphia.

Dr. W. R. D. Blackwood was elected President of the American Anti-Vivisection Society.

Dr. Henry Leffmann has been elected President of the Medical Jurisprudence Society.

The "grip" is said to be making good Indians out in Montana faster than the bad Indians can bury them.

A number of medical students at Harvard are about to take a course of lessons at the Boston Cooking School.

Dr. Germain See is the editor of a new French journal, entitled La Medicine Moderne, which is to appear weekly.

Dr. S. L. West, of Wilmington, Del., has removed to 1627 Fourteenth Street, N. W. Washington, D. C.

Prof. Ernest Laplace will deliver the Annual Address before the Alumni Association of the Medico-Chirurgical College.

Dr. Robert Newman, of 68 West Thirty-sixth Street, New York, was in Philadelphia, a few weeks ago, looking in unusually good health.

C. S. Ayres, A.M., M.D., the well-known oculist of Cincinnati, has been elected President of the Cincinnati Polyclinic Graduate School of Medicine.

Prof. Louis Starr and Drs. J. Hendrie Lloyd and H. W. Stelwagon have resigned from the University of Pennsylvania. Dr. M. B. Hartzell succeeds the latter as Instructor in Dermatology.

The Dixie Doctor.—Dr. F. H. Huzza is editor of a new monthly that has appeared in Atlanta, Ga. The January number contains some good contributions.

The Philadelphia Hospital Medical Society recently adopted resolutions of regret at the death of the late Dr. William S. Milnor, a member of the staff.

Dr. Morris Lewis was elected one of the medical staff of physicians of the Pennsylvania Hospital to fill the vacancy caused by the death of Dr. James H. Hutchinson.

The Paris physicians prescribe beefsteaks, claret, and champagne for the "grippe." This treatment may not be so effective as smoking camphor, but it is a good deal more pleasant.

A new medical journal has appeared in Germany, entitled Centralblatt für Allgemeine Pathologie und Pathologische Anatomie, and is directed by Professor Ziegler, of Freiburg, assisted by Dr. v. Kalilden as editor.

The Rigid Staats-Examen.—A late report of the German board, which conducts a portion of the Staats-Examen inquiries in medicine and surgery, shows that of 683 candidates 504 were rejected, or a proportion of only 26 per cent. of successes.

During January, the Pennsylvania Eye, Ear, and Throat Infirmary, at the northeast corner of Thirteenth and Chestnut Streets, report that they received 2835 visits from patients. Of these 311 were new patients; 1452 were eye patients, 1134 ear patients, and 249 throat patients.

A convenient, valuable, and unique business calendar, for 1890, is the Columbia Bicycle Calendar and Stand, issued by the Pope Manufacturing Co., of Boston, Mass. It is in the form of a pad of 366 leaves, 5⅛ by 2¾ inches, one for each day of the year and one for the entire year.

Dr. Hobart A. Hare, Demonstrator of Therapeutics at the University of Pennsylvania, has been awarded a prize of $800 by L'Académie Royal de Médecine de Belgique for his essay on epilepsy. The first prize of $1600 was shared wtth Dr. Hare by the eminent Dr. Christian, of Charenton.

Prof. Camillo Golgi, of the University at Pisa, has been sent to Berlin and Paris by the Italian Government to study the influenza. Another Italian professor has been sent to St. Petersburg for the same purpose. Both professors are expected to publish books concerning the epidemic shortly.

Report of the Howard Hospital for the first six months to January 1, 1890: There were 4359 new applicants, 15,603 visits of patients, 21,903 prescriptions (free), 85 accident cases treated, 11 patients admitted to the wards. The resident physician paid 447 visits to patients' homes, and attended 5 confinement cases at the homes of the patients; 11 major operations.

Dr. Alice Bennett, President of the Montgomery County Medical Society, has appointed Dr. Samuel Wolfe, of Skippack; Dr. P. Y. Eisenberg, of Norristown; and Dr. Abbott, of Bryn Mawr, members of a committee to arrange a course of lectures on nursing.

A Home for Convalescents.—Sir William Savory has just announced, through the London medical journals, that £100,000 sterling will presently be donated by an anonymous philanthropist for the construction of a convalescents' home near London. Mr. Savory and Mr. Cross, both of St. Bartholomew's Hospital, will be on the Board of Trustees.

Dr. Howard R. Swayne was elected Visiting Physician to the Home for Aged Couples, at a special meeting held on Wednesday afternoon by the directors, to fill the vacancy caused by the resignation of Dr. Fenton, who held the position for twelve years.

Dr. Philippe Ricord, whose death in Paris was lately announced, was the most "decorated" man in Europe, having more than 200 crosses, medals, insignia, and other tokens of gratitude and admiration bestowed on him by European potentates, and was buried amidst an almost national display of military and civic honors.

Dr. Green Resigns.—Dr. John T. Green, chief resident surgeon of the Presbyterian Hospital, has resigned in order to travel as physician to a private family through the West during the winter. By Dr. Green's resignation Dr. S. D. Van Meter becomes chief resident surgeon, Dr. Benjamin McGulliard junior surgeon, and Dr. William C. Posey senior physician.

The Wills Hospital.—At the meeting of the Minor Trust Committee of the Board of Directors of City Trusts the purchase of two handsome brass bedsteads was directed. The beds are to have appropriate tablets placed on them, and are to be placed in the wards of the Wills Eye Hospital in recognition of the generous bequests of Mrs. Hannah C. Flickwir and Miss Mary M. Colhoun to that institution.

Progress.—The medical profession will learn with much interest that Progress, that has been so ably edited by Prof. Dudley S. Reynolds, has again appeared under the title of Medical Progress, and with the additional editorial assistance of Dr. Lewis S. McMurtry, Dr. Joseph M. Matthews, and Dr. John F. Barbour, a staff of valuable writers from Louisville, Ky., and all energetic workers in the profession they have so well represented.

Proposed Medical Congress in Spain.—A meeting was recently held in the rooms of the Spanish Medico-Chirurgical Society, at Madrid, with the view of arranging an international medical congress, to be held at Madrid in 1890. Though the proposal received influential support, the general feeling was that it would not be desirable to organize a gathering which should in any way clash with the congress at Berlin. The suggestion was thrown out that an attempt should be made to have the Eleventh International Medical Congress held at Madrid in 1893.

The Secretary of the State Board of Health says "la grippe" is reported by a few of their observers, and, apparently, some call certain types of cases of the prevailing epidemic "intermittent fever;" but, even though its causation and symptoms are somewhat like those of intermittent fever, "influenza" is undoubtedly the best name for the disease, and it is so reported on 98 per cent of all the weekly reports by Michigan physicians received at the office of the State Board of Health for the week ending February 1st, the most sickness being caused by influenza, pneumonia, bronchitis, and rheumatism.

Medico-Chirurgical Hospital Meeting.—The contributors of the Medico-Chirurgical Hospital held their annual meeting January 28th at the Hospital buildings, Eighteenth and Cherry Streets, with Col. John P. Nicholson in the chair. Reports were read, showing the receipts of the past year, $15,226.84, and expenses, $15,189.85, leaving a balance on hand of $36.99. D. T. Pratt and William King were elected trustees for one year, and the election of officers resulted as follows: President, John E. Garretson; Vice-Presidents, Col. John P. Nicholson and William King; Secretary, Prof. E. E. Montgomery; Treasurer, J. V. Shoemaker.

A remarkable and unusual case of homicide has just taken place in Warsaw, Russia. While a peasant was undergoing an operation, after being chloroformed, he suddenly sprang up from the operating bench, and, in a frenzy of rage and terror, mortally stabbed the doctor and a Sister of Mercy. The patient was then removed to another hospital, where the operation was successfully performed without the aid of chloroform. The authorities in Warsaw are now debating whether the man should be tried for the murder of the doctor and the nurse, both of whom have died from the effects of the wounds they received, which were inflicted by one of the surgical instruments belonging to the unfortunate physician.

The Johns Hopkins Hospital Bulletin.—The Trustees of the Johns Hopkins Hospital have authorized the issue of a monthly publication, to be known as the Hospital Bulletin. It contains announcements of courses of lectures, programmes of clinical and pathological study,

details of hospital and dispensary practice, abstracts of papers read, and other proceedings of the Medical Society of the hospital, reports of lectures, and all other matters of general interest in connection with the work of the hospital. Nine numbers will be issued annually.

The subscription price is $1 per year. Subscriptions may be sent to the Publication Agency of the Johns Hopkins University, Baltimore, Md.

A LONDON physician has a patient who has a defect in his speech of a most singular character. The patient, a lad of 10, and English by birth, is unable to speak his native language, but articulates a jargon which cannot be understood. He was examined by many doctors, none of whom could decide whether he spoke the same thing twice in the same way or not. The assistance of the phonograph was called in, and the lad, in the presence of several gentlemen, was asked to speak the Lord's Prayer and the alphabet. When a comparison was instituted between the various cylinders containing the record, it was found that there was no variation in the spoken words, and that it was quite possible for the language which the boy speaks to be understood by simply learning the various sounds.

THE LEPROSY IN CAPE BRETON.—The Government has decided to permanently retain the services of Dr. A. C. Smith, of Newcastle, N. B., as medical expert in leprosy. Since the discovery of 3 cases of leprosy on Cape Breton Island last year, Dr. Smith has been making a thorough investigation into the ramifications for the disease, and, although there is no cause for alarm, it has been deemed expedient to continue the investigation and claim Dr. Smith's undivided attention for this work. Dr. Smith has, for some years, acted as "visiting physician and medical adviser" at the Hospital for Lepers, at Tracadie, N. B., and in that capacity has done excellent work in helping to lessen the suffering of the poor unfortunates. The decision of the Government to permanently retain him meets with general approval.

THERE are plenty of people who, despite the great extent of the prevailing sickness and the alarming mortality, do not believe that we have in this country the real Russian influenza. According to all accounts, the characteristics of that disease seem to be at first excessive sneezing and watery eyes. In many parts of Europe, too, people are taken with sudden fainting spells, paralysis of the legs, and other peculiar symptoms. Certainly, none of these manifestations have been noticed here. The sufferers in this country have experienced merely the ordinary symptoms of a very severe cold, which is just on the verge of pneumonia. Many people think that nothing has really happened that may not be wholly attributed to the unnatural weather we have been having. The doctors seem to agree, however, that there is prevalent "some kind of an influenza," but what it is they don't say.

THE SMALL-POX MICROBE.—Dr. Sicard, of Béziers, in a memoir handed in to the French Académie de Médecin for competition for the Alvarenga prize, announces that he has at last discovered the long-sought-for microbe of small-pox. He reports it to be a bacterion belonging to the class of cocci; round, with a transparent centre, umbilicated in the middle, while its edges are raised. "This bacterion can be readily cultivated on gelatin that has been sterilized by bichloride of mercury. It can be found at all stages of small-pox, not only in the pustules of the skin, but in the mucus of the bronchial tubes and in the blood as well. It is likewise found suspended in the air of rooms containing small-pox patients, and if water be allowed to stand in such rooms in open vessels, it soon contains the small-pox bacterion. However, when animals are inoculated with cultures of this bacterion, although they manifest uneasiness, the symptoms are entirely transitory, not at all serious, and, above all, show no relation to variola, either in its form or evolution."—*Exchange.*

AN ARMY MEDICAL BOARD will be in session in New York City, N. Y., from May 1 to 31, 1890, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application for the necessary invitation to the Secretary of War, before April 1, 1890, stating the place of birth, place and State of permanent residence, and inclosing certificates, based on personal knowledge from at least two physicians of repute, as to professional standing, American citizenship, character, and moral habits; also, statement of service in hospital from the authorities thereof is desirable. The candidate must be between 21 and 28 years of age, and a graduate from a regular medical college, as evidence of which his diploma must be submitted to the Board.

Further information regarding the examinations and their nature may be obtained by addressing the Surgeon-General, U. S. Army, Washington, D. C.—JNO. MOORE, *Surgeon-General, U. S. Army.*

FOUNDING A HOSPITAL.—The Times, of Philadelphia, relates that a committee, which has been soliciting subscriptions for the purpose of founding a hospital on North Broad Street, near Germantown Avenue, has obtained about $2500, and the institution will be opened early next month. Officers have been elected, and the staff selected

is as follows: F. S. Bower, M.D., president; Peter Hooper, M.D., vice-president; W. Howell, M.D., of Seventeenth and Ontario Streets, secretary; F. V. Van Artsdalen, M.D., 1602 Tioga Street, treasurer; J. W. Brockbank, M.D., and J. K. Cassell, M.D., surgeons; F. S. Bower and Peter Hooper, M.D., gynecologists; W. G. Howell, M.D., and David Moffet, M.D., physicians; George F. Sowers, M.D., ophthalmic surgeon; G. D. Murray, M.D., pathologist, and R. B. Bailey, counsel.

The number of factories about Tioga, Nicetown, and Wayne Junction has so increased, and the number of accidents so multiplied, that a hospital in the locality is much needed. The Mozart Choral Society, directed by Prof. Michael H. Cross, will give a concert for the benefit of the project, in April, at the Tioga Presbyterian Church.

A number of Tioga people are aiding materially to furnish the hospital with beds and appliances, and it is expected that the subscriptions received by the secretary and treasury will be increased to $5000. A dispensary to aid indigent families will be established at the hospital.

Doctors' Fees.—It is a source of constant regret to me that I cannot agree with all my correspondents. I trust, however, that none of them will ever think the worse of me for failing to fall in with their views. Here, for instance is a gentleman who invites me to administer a rebuke to an East End doctor, who figured at a recent inquest. The offense was this: On being called to the deceased man, who had met with a bad accident, the doctor stated that his fee was 2s. 6d. He was informed that the money would not be forthcoming till later in the day. Thereupon he retired, and the patient was taken to the hospital, where he died. Now, it so happens that in this case the doctor's refusal to attend was shown to have in no way hastened the man's death. Apart, however, from that consideration, how can the gentleman be blamed? An East End medical practitioner is presumably not practicing as a philanthropist, but earning a very modest livelihood by very hard work. It is just as necessary for him to refuse to give advice *gratis* as it is for a baker to refuse to give bread to every starving man who may look in at his window. What I would suggest is that, in cases where medical assistance is urgently required, and the patient is too poor to pay for it, the doctor should be allowed afterward to recover his fee from the parish.—*Truth.*

How Men Succeed.—He who learns when to humor, when to command, and how to play upon the hopes, ambitions, cupidity, or fears of others, so as to get them to do his bidding, has mastered the greatest of all instruments. There are men of this kind who, having special aptitude for command, soon learn, unconsciously, it may be, how to lead, guide, or drive others. They come to the front in war, in politics, and in business life, and succeed oftentimes in spite of defects in their scholastic training, while their better-educated rivals, lacking knowledge of men, fail altogether, or, if they rise above the ranks, gain only subordinate places. Until within recent years there have been scarcely any attempts to make man a school study; nor is it to be expected that the study as now carried on will take the place of experience in raising up managers of men. Yet it is worth while for those who find themselves deficient in this respect to formally begin the study in their own person as in that of others. Self-study is always useful, for it develops unexpected weaknesses that may be corrected if there is a disposition to improve, and it at least gives suggestions as to the weaknesses of others, through which they may be controlled or managed.—*The Baltimore Sun.*

Exercise for Chest Development.—Exercises of strength lead rapidly to an increase in the size of the thorax. It is the same with exercises of speed, when they need very energetic movements. No exercise develops the chest as rapidly as does running, unless it be wrestling.

Mountaineers all have large chests, and the Indians who live on the high plateaus of the Cordillera, in the Andes, have been noted for the extraordinary size of their chests. This great development in mountaineers is due to two causes which act in the same direction: frequent ascent of steep inclines and constant residence at great heights, at which the air is rarefied. The climbing of these slopes needs a great quantity of work, which causes increase of the respiratory need; respiration in a rarefied atmosphere obliges a man to take deeper breaths in order to supplement, by the quantity of air breathed, the insufficiency of its vivifying properties.

Singers, with no other exercise but singing, acquire great respiratory power and a remarkable increase in the dimensions of their chests.

Numerous observations prove that it is enough voluntarily to take a certain number of deep breaths every day, to produce, in a short time, an increase in the circumference of the chest, which may amount to 2 or 3 centimetres.—Fernand Lagrange, M.D., in the *Popular Science Monthly* for February.

The Uselessness of So-called Magnetic Health-Appliances.—The induced current can be produced in an apparatus much smaller and more easily portable than any other current. Hence, whenever such effects as it will cause are desired, it is the one employed as a matter of convenience. Its limitations, however, are many,

and hence it is less frequently used for medical purposes than the voltaic current. The fact that this current is induced by magnetism should not be taken to imply that by it magnetism can be made to act on the human body. The most careful experiments have shown that the human body is as completely insensitive to magnetism and as wholly unaffected by it as a piece of rubber or of wood. A person may stand between the poles of the strongest magnet, one which might hold up a ton of iron, without the slightest perceptible effect upon any of the bodily functions being produced. Hence, all so-called magnetic appliances, brushes or combs, disks, belts, and magnets, have absolutely no curative power whatever. A few of these may, by friction, produce static electricity. Some are so constructed of two kinds of metal that on contact with the skin, whose perspiration is acid, a very weak voltaic current is produced, scarcely sufficient, after several hours, to redden the surface. The majority of the effects produced by such contrivances are due, like those of the static current, to expectant attention rather than to any action of the agents, which careful investigations have shown to be inert.

The writer once demanded of the agent of a widely-advertised "electric belt" some proof that an electric current was produced by it, and suggested that any such current could be detected by means of a galvanometer. The test was objected to, but a little frame, holding a dozen pocket-compasses, was at once produced, and the power of the belt, which doubtless contained some iron plates to attract the needles of these compasses, was shown as proof of the production of electricity in the belt. Probably many who were ignorant of the difference between electricity and magnetism had been deceived by this so-called test.—From "Electricity in Relation to the Human Body," by M. ALLEN STARR, in November *Scribner*.

COSTLY DRUGS.—At a recent exhibition of the American Public Health Association, in Brooklyn, one manufacturing chemist exhibited a case of bottles, about enough to fill an ordinary barrel, the total value of which was over $30,000. The most costly drug in the case was labeled "Homatropine hydrobromate, cryst." It was all in one bottle, containing 6 pounds, and was valued at $12,600, or at the rate of $2100 a pound. This drug is an alkaloid, artificially prepared from atropine.

Among the expensive drugs is aconitine alkaloid, an amorphous powder from aconitum napellus, produced from monkshood or wolfsbane. A bottle of this, containing about 3 pounds, is valued at $489.50. A bottle of anemonia containing 3¾ ounces, about the size of a pony of beer, is valued at $191.45. There are thirteen different preparations of caffeine in small bottles at from $16 to $28 a bottle. This medicine has lately been applied successfully in Bright's disease. A small bottle of chelidonine alkaloid containing 3 ounces, made from tetterwort, used in skin diseases and scrofula and dropsy, is valued at $88. Cocaine, which has the power when applied to any part of the body to render that part insensible to pain or touch during a short time, is rather an expensive drug. A bottle containing about 4 pounds was valued at $420. A bottle of cantharidin crystals (the old-time blister in a new form) was valued at $143. Codeine phosphate is a preparation of morphine used to produce sleep. A 15-ounce bottle of it was valued at $135. A 5-ounce bottle of cotoin, called "true cotoin," costs about $70 an ounce. Digitalin Germaine, a powder used to decrease the action of the heart, costs about $70 a pound. Elaterin crystals, prepared from the South American Indian arrow, a poison used as a medicine in lockjaw and hydrophobia, costs $45 an ounce.

An ounce of hyoscine-hydrobromate crystals costs $1166.66, and 9½ ounces of hyoscyamine alkaloid costs $1406. These are preparations of henbane, and are considered excellent hypnotics. They are similar in general effect to atropine, but not followed by such dangerous symptoms.

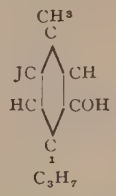
Among the other costly drugs in this collection were angaricin, 4½ ounces, $43.75; colocynthin, 5½ ounces, $114.75; coniine hydrochlorate, 4½ ounces, $98.43; cyclamin, 3¼ ounces, $54.04; digitoxin, 1½ ounces, $87.40; gentisin, 1½ ounces, $91.15; heliotropin, 6 ounces, $61 25; hydrastine hydrochlorate, 6½ ounces, $94.80; papaverine alkaloid, a vegetable pepsin or digestive juice, found in the melon tree in Tropical America, about $120 a pound; papayolin, used as a solvent for the diphtheritic membrane, 13 ounces, $189.58.—*New York Sun*.

A CHAMBER OF HORRORS.—A writer in the Philadelphia Evening Telegraph thus graphically describes that portion of the Paris Exhibition devoted to medical science: On leaving the lace exhibit and descending to the ground floor, I lost my way and wandered into the Departments of Surgery and Medicine. There I found myself face to face with a group of horrors that would throw Madame Tussaud's far-famed Chamber into the shade. It was the exhibit of wax models from the Hospital St. Louis; heads and hands, and arms and breasts, life-like in shape and size and in coloring, and setting forth to view various types of hideous and loathsome disease and shocking deformity. There was, for instance, a model of a hand with a corroding ulcer upon each knuckle, and that of a man's face with a strange crimson eruption covering the features as high as the eyes; and another of

an unfortunate wretch with a protruding tongue, all swollen and suppurating with some terrible affection. The strangest of all was the life-sized bust of a negro chief, whose neck was encircled with a series of prodigious tumors, and whose placid face and bright eyes seemed singularly incongruous with the malady from which he was suffering. Then there was a group of infant monstrosities: one with two heads, and another with a single eye in the centre of the forehead,—a baby Cyclops,—and a third with the summit of the skull projecting all around like the brim of a hat. And the worst element of all these horrors was the perfection of their execution; they were so finely molded and colored as to give the impression of actual life. I got out of the way of their calmly-gazing eyes as quickly as possible, only to come across another series of heads showing how lost portions of the human countenance can be replaced by surgical art. These were in plain white plaster, however, so the impression produced by them was not so painful, and it was really interesting to note the skill with which missing features could be restored; false ears, false noses, false lips, and eyes, and tongues, and even a roof to the mouth, in gold plate, were shown. A good many of these appliances were contrived to remedy the ravages of gunshot wounds during the Franco-Prussian war, and the gold roof to the mouth was invented by a famous French surgeon for a patient who had tried to commit suicide by a pistol-shot in the mouth, and who failed to kill himself, and had only succeeded in making a general smash-up thereabouts. A very curious exhibit was the life-sized and most life-like figure of a girl of 16 in tinted wax, showing the contortions of a first attack of hysteria. There was also a set of colored plates, most beautiful in execution, and representing various forms of cancer, but at these I dared only cast a single glance; they were too dreadful to permit of even a casual inspection. Oddly enough, this department is always crowded, the horrors of the exhibit exercising a strange fascination over the minds of the peasants that are now thronging to the Exhibition. Another exhibit which exercises the same kind of fascination over the popular mind is a collection of the heads of noted Italian criminals, molded in wax by an Italian professor. From inspecting these sallow countenances I am inclined to imagine that criminals are divided into two classes, the brutal and the idiotic, and that the latter are decidedly the worst.

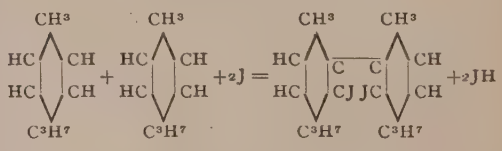
ARISTOL.—The Medicinische Monatsschrift, of New York, contains, on p. 97 of the issue for February, 1890, an epistolary communication from Dr. F. Goldmann, of Elberfeld, in Prussia.

Aristol is a recently-introduced combination of thymol with iodine. Willgeroth and Kornblum had already studied* the combination of iodine with phenol-like substances in an ammoniated alcoholic solution, and had obtained mono-iodo-thymol in the form of white, shining, needle-like crystals, having the structural formula of



But their attempts to produce products more highly iodized were without result. Subsequently, Messenger and Vortmann published† a complete account of "a new class of iodized phenols." The thymol combination seems among the most valuable of these products, and has proved, therapeutically, especially useful in diseases of the skin. According to Dr. Eichhoff, chief of the dermatological department of the Elberfeld City Hospital, whose report is published in the Monatsheften für practishe Dermatologie, Heft 2, this new substance, on account of its freedom from toxicity, its active properties, and absolute freedom from odor, may very well take the place of iodoform, and, not improbably, of iodol and sozo-iodol. While the mono-iodo-thymol of Willgeroth and Kornblum is, in essence, a substituted phenol, in the new product, aristol, the iodine atom is inserted in hydroxyl. This arrangement is related not only to the ready destructibility, but probably also to the activity of aristol.

If a solution of iodine in iodide of potassium be added to an aqueous solution of hydrate of sodium containing thymol, the abundant red-brown amorphous precipitate thrown down is a new combination of iodine with thymol,—dithymoldiodide. The reaction is represented by the following scheme:—



The substitution of iodine for hydroxylhydrate explains the insolubility of the substance in an alkaline solution. By desiccation with lime dithymol is obtained. The proportion of iodine in this combination has been determined by Carius at 45.80 per cent. The manipulation re-

* Journ. für practische Chem., p. 290, 1889.
† Berliner Ber., xxii, 2318.

quires great care, as otherwise a substance of variable composition results.

Aristol is insoluble in water and glycerin, slightly soluble in alcohol, readily so in ether. It is precipitated from the ethereal solution upon the addition of alcohol. It is remarkable for its solubility in oils. The solution must be effected through friction without the aid of heat, since heat induces alteration. For the same reason it should be kept from the action of light in blackened vials. It adheres very readily to the skin, and therefore is very suitable for use as a dusting-powder upon wounds or burns.

Aristol is not absorbed into the economy, and is consequently non-toxic, in which respect it has the advantage over iodoform. It is a good germicide, and more rapid in its action than any other substance. At the same time it is less irritant than most antiseptics. It promotes the cure of leg-ulcers and of ulcers due to tertiary syphilis more rapidly than any other medicament. In lupus it is superior to any other application, as well in respect to its innocuousness as its efficacy. Its value in the treatment of psoriasis is of interest, inasmuch as, with the exception of chrysarobin, we have not heretofore possessed any remedy at once harmless and efficient. Chrysarobin, moreover, has the disadvantage of staining the skin and of causing conjunctivities, properties lacking in aristol.

Aristol may not be undervalued if we shall be found to possess in it an agent with the virtues without the drawbacks of iodoform. The absence of "suspicious" odor alone should render the drug acceptable both to the profession and the public.

INTERNATIONAL MEDICAL CONGRESS, BERLIN, 1890. INVITATION TO THE TENTH INTERNATIONAL MEDICAL CONGRESS.—In accordance with the decision of the Ninth Congress at Washington, the Tenth International Medical Congress will be held at Berlin from the 4th to the 9th of August, 1890.

By the delegates of the German Medical Faculties and the chief Medical Societies of the German Empire, the undersigned have been appointed members of the General Committee of Organization. A Special Committee of Organization has also been appointed for each of the different sections, to arrange the scientific problems to be discussed at the meetings of the respective sections. An International Medical and Scientific Exhibition will also be held by the Congress.

We have the honor to inform you of the above decisions, and at the same time cordially to invite your attendance at the Congress. We should esteem it a favor if you would kindly extend this invitation to your friends in medical circles, as way may offer.

We beg to accompany our invitation by a copy of the statutes and programme, as also by the list of the intended sections and their Special Committees of Organization.

DR, RUDOLF VIRCHOW, President.
DR. VON BERGMANN,
DR. LEYDEN,
DR. WALDEYER,
Vice-Presidents.
DR. LASSAR, Secretary-General.

All communications must be directed to the General Secretary, Berlin NW., Karlstrasse 19.

Regulations and Programme.

1. The Tenth International Medical Congress will be opened in Berlin on Monday, August 4, 1890, and will be closed on Saturday, August 9.

2. The Congress shall consist of legally qualified medical men who have inscribed themselves as members, and have paid for their card of membership. Other men of science who interest themselves in the work of the Congress may be admitted as extraordinary members.

Those who take part in the Congress shall pay a subscription of 20 marks (£1 stg. or $5) on being enrolled as members. For this sum they shall receive a copy of the Transactions as soon as they appear. The enrollment shall take place at the beginning of the Congress. Gentlemen may, however, be enrolled as members by sending the amount of their subscription to the Treasurer* with their name, professional status, and residence appended.

3. The object of the Congress is an exclusively scientific one.

4. The work of the Congress shall be discharged by eighteen different sections. The members shall declare, upon enrollment, to which section or sections they intend more particularly to attach themselves.

5. The Committee of Organization shall, at the opening sitting of the Congress, suggest the election of a definite committee (or bureau), which shall consist of a president, three vice-presidents, and of a number—as yet undetermined—of honorary presidents and secretaries.

At the first meeting of each section a president and certain number of honorary presidents shall be elected; these latter shall conduct the business of the sections in turn with the presidents.

On account of the different languages employed, a suitable number of secretaries shall be chosen from among the foreign members. The duties of the foreign secretaries shall be confined to the sittings of the Congress.

After the termination of the Congress the editing of the Transactions shall be carried out by a committee specially appointed for this purpose.

* Treasurer's address: Dr. M. Bartels, Berlin S.W., Leipzigerstrasse 75.

6. The Congress will assemble daily, either for a general meeting or for the labors of the different Sections.

The general meetings will be held between 11 and 2 o'clock. Three such meetings will take place.

The time for the sittings of the various sections will be fixed by the special committee of each section, it being understood, however, that no such sittings are to take place during the hours allotted to the general meetings.

Joint sittings of two or more sections may be held, provided that the Bureau of the Congress can offer suitable rooms for such sittings.

7. The general meetings shall be devoted to—

(*a*) Transactions connected with the work and general management of the Congress.

(*b*) Speeches and communications of general interest.

8. Addresses in the general sittings, as well as in any extraordinary meetings which may be determined upon, can only be given by those who have been specially requested by the Committee of Organization.

Proposals relative to the future management of the Congress must be announced to the Committee of Organization before July 1, 1890. The committee shall decide whether these proposals are suitable to be introduced for discussion.

9. In the sittings of the sections, questions and problems will be discussed which have been agreed upon by the special Committees of Organization. The communications of those appointed by the committee to report on a subject shall form the basis of discussion. As far as time allows, other communications or proposals proceeding from members, and sanctioned by the Committee of Organization, may also be introduced for discussion. The bureau of each section decides as to the acceptance of such offered communications, and as to the order in which they shall come before the meeting, always provided that this point has not been already determined in the sitting itself by a decree of the section.

Scientific questions shall not be put to the vote.

10. Introductory addresses in the sections must, as a rule, not exceed twenty minutes in length. In the discussions no more than ten minutes are allowed to each speaker.

11. All addresses and papers in the general and sectional meetings must be handed over to the secretaries, in writing, before the end of the sitting. The Editorial Committee shall decide whether, and to what extent, these written contributions shall be included in the printed Transactions of the Congress. The members who have taken part in the discussions will be requested to hand over to the secretaries before the end of the day, in writing, the substance of their remarks.

12. The official languages of all the sittings shall be German, English, and French. The regulations, the programme, and the agenda for the day will be printed in all three languages.

It will, however, be allowable to make use of other languages than the above for brief remarks, always provided that one of the members present is ready to translate the gist of such remarks into one of the official languages.

13. The acting president shall conduct the business of each meeting according to the parliamentary rules generally accepted in deliberative assemblies.

14. Medical students and other persons, ladies and gentlemen who are not physicians, but who take a special interest in the work of a particular sitting, may be invited by the president or be allowed to attend the sitting by special permission.

15. Communications or inquiries regarding the business of separate sections must be addressed to the managing members thereof. All other communications and inquiries must be directed to the general secretary, Dr. Lassar, Berlin NW., 19 Karlstrasse.

Special Sections—Committees of Organization.

Anatomy.—Fleming, Kiel; Hasse, Breslau; Hertwig,* Berlin, W., Maassenstr. 24; His, Leipzig, v. Kölliker, Würzburg; Kupffer, München; Merkel, Göttingen; Schwalbe, Strassburg; Wiedersheim, Freiburg.

Physiology and Physiological Chemistry.—Bernstein, Halle; du Bois-Reymond,* Berlin, W., Neue Wilhermstr. 15; Biedermann, Jena; Heidenbain, Breslau; Hensen, Kiel; Hüfner, Tübingen; H. Munk, Berlin; Hoppe Seyler, Strassburg; Voit, München.

General Pathology and Pathological Anatomy.—Arnold, Heidelberg; Bollinger, München; Grawitz, Greifswald; Heller, Kiel; Ponfick, Breslau; v. Recklinghausen, Strassburg; Virchow,* Berlin, W., Schellingstr. 10; Weigert, Frankfurt a. M.; Zenker, Erlangen.

Pharmacology.—Binz, Bonn; Böhm, Leipzig; Eilehne, Breslau; Jaffé, Königsberg; Liebreich,* Berlin NW., Dorotheen-str. 34 a; Marmé, Göttingen; Penzoldt, Erlangen; Hugo Schulz, Greifswald; Schmiedeberg, Strassburg.

Internal Medicine.—Biermer, Breslau; Gerhardt, Berlin; Leube, Würzburg; Leyden,* Berlin W., Thiergarten-Strasse 14; Lichtheim, Königsburg; Liebermeister, Tübingen; Mosler, Greifswald; Naunyn, Strassburg; v. Ziemssen München.

Diseases of Children.—Baginsky, Berlin; Heubner, Leipzig; Henoch,* Berlin W., Bellevuestr. 8; Kohts, Strassburg; Krabler, Greifswald; Ranke, München; Rehn, Frankfurt a. M.; Steffen, Stettin; Soltmann, Breslau.

Surgery.—Bardeleben, Berlin; v. Bergmann,* Berlin, NW., Alexander Ufer 1; Czerny, Heidelberg; König, Göttingen; v. Lotzbeck, München;

Schede, Hamburg; C. Thiersch, Leipzig; Trendelenburg, Bonn; Wagner, Königshütte.

Obstetrics and Gynæcology.—Fritsch, Breslau; Gusserow, Berlin; Hegar, Freiburg; Hofmeyer, Würzburg; Kaltenbach, Halle; Löhlein, Giessen; Martin,* Berlin NW., Moltkestr. 2; Olshausen, Berlin; Winckel, München.

Neurology and Psychiatry.—Binswanger, Jena; Emminghaus, Freiburg; Erb, Heidelburg; Fürstner, Heidelburg; Fleschsig, Leipzig; Grashey, München; Hitzig, Halle; Laehr,* Berlin-Zehlendorf; Jolly, Strassburg.

Ophthalmology.—O. Becker, Heidelburg; von Hippel, Giessen; Everbusch, Erlangen; Hirschberg, Berlin; Leber, Göttingen; Michel, Würzburg; Schmidt-Rimpler, Marburg; v. Zehender, Rostock; Schweigger,* Berlin NW., Roonstr. 6.

Otology.—Bezold, München; Bürkner, Göttingen; Kirchner, Würzburg; Kuhn, Strassburg; Kessel, Jena; Lucae,* Berlin W., Lützowplatz 9; Magnus, Königsberg; Moos, Heidelberg; Trautmann, Berlin.

Laryngology and Rhinology.—B. Frankel,* Berlin NW., Neustädtische Kirchstr. 12; Beschorner, Dresden; Gottstein, Breslau; A. Hartmann, Berlin; Jurasz, Heidelburg; H. Krause, Berlin; Michael, Hamburg; Schech, Munchen; M. Schmidt, Frankfurt a. M.

Dermatology and Syphilography.—Caspary, Königsberg; Doutrelepont, Bonn; Köbner, Berlin; Lassar,* Berlin NW., Carlstr. 19; Lesser, Leipzig; G. Lewin, Berlin; Neisser, Breslau; Unna, Hamburg; Wolff, Strassburg.

Diseases of the Teeth.—Busch,* Berlin NW., Alexander Ufer 6; Callais, Hamburg; Hollänader, Halle; Hesse, Leipzig; Fricke, Kiel; Miller, Berlin; Partsch, Breslau; Sauer, Berlin; Weil, Munchen.

Hygiene.—Flugge, Breslau; Gaffky, Giessen; Graf, Elberfeld; F. Hofmann, Leipzig; R. Koch, Berlin; Lehmann, Wurzburg; Pistor,* Berlin W., v. d. Heydstr. 13; Wolffhugel, Göttingen; Uffelmann, Rostock.

Medical Geography and Climatology (History and Statistics).—Abel, Stettin; Brock, Berlin; Dettweiler, Falkenstein; Falkenstein, Lichterfelde; Finkelnburg, Bonn; Guttstadt, Berlin; A. Hirsch,* Berlin W., Potsdamer Strasse 113; Lent, Köln; Wernich, Cöslin.

State Medicine.—Falk, Berlin; Gunther, Dresden; v. Hölder, Stuttgart; Knauff, Heidelberg; Liman,* Berlin SW., Königgrätzer Strasse 46 a; Schönfeld, Berlin; Schwarz, Köln; Skrzeczka, Berlin; Ungar, Bonn.

Military Hygiene.—v. Coler, Berlin; v. Fichte, Stuttgart; Grasnick, Berlin; Grossheim, Berlin; Krocker,* Berlin W., Magdeburger Platz 3; Mohr, Munchen; Mehlhausen, Berlin; Roth, Dresden: Wenzel, Berlin.

* Managing members.

BOOK REVIEWS.

Massage and the Original Swedish Movements: Their applications to various diseases of the body. By KURRE W. OSTROM, from the Royal University of Upsala, Sweden, etc. Illustrated. Cloth, 12mo, pp. 97. Philadelphia: P. Blakiston, Son & Co., 1890.

The growing popularity of massage as a mode of treatment has brought to the front many candidates for favor in the matter of instruction-books, and, after a somewhat careful examination, the reviewer has no hesitancy in pronouncing that of Ostrom one of the best. The illustrations are arranged to emphasize the text and impress the principles upon the mind of the student, while the ideas are well expressed and presented in a connected form, making it suitable alike for the doctor and the nurse.

The Popular Science Monthly for February, 1890. D. Appleton & Co., N. Y.

The series of articles upon the warfare of science by Dr. Andrew D. White, the present paper being taken up with a consideration of comparative mythology. An illustrated paper by Professor Jameson is devoted to a study of the evolution of the modern railway-bridge. Horace White writes of agriculture and the single tax, and, in addition, there are several letters on the land question, the contributors being Professors Huxley, Herbert Spencer, Auberon Herbert, Frederick Greenwood, and Darcy Wilson. Dr. Lagrange contributes a short paper upon Exercise for Chest Development; but, of all the most interesting sketches that have lately been presented in the Monthly, that of James Glaisher is by far the most fascinating. A profound mathematician, a celebrated meteorologist, and a successful aërial traveler, the world owes much to this great man, and the story is told in an attractive manner.

The editor has a strong article which is intended to develop the unwise plans at present in vogue in our methods of teaching, and very aptly selects for a title, Useful Ignorance.

Education and Culture as Correlated to Health and Diseases of Women. By ALEX. J. C. SKEUR, M.D. Geo. S. Davis, Detroit, Mich.

The influence of the sexual organs upon the health of women, both morally and physically, is dwelt upon in this work, first before puberty, then during middle life, and the correlation of the sexual and nervous systems are pointed out, the full development of these two, together with the nutritive system, being necessary to the health and happiness of women.

The work is divided into nine chapters, comprising the principle subdivisions of the subject. Chapter I contains some observations regarding characteristics of woman, with special reference to "development and growth;" Chapter II, "The sexual Functions during the Middle Period of Woman's Life." Chapter III, though having no title, treats of the different conditions of society, and its effects upon the women who, through necessity, must conform with the work of each. Chapter IV treats of the same topic. In these two chapters each sentence is a fact so self-evident that its force is that of an axiom. No one dare deny, in these days of scientific medicine, the influence of one function, or set of functions, over the others, and in these chapters the different influences from different sources are collected in equilibrium, and summed up in this sentence: "The object of all culture should be to bring the being into harmony with its environments." In Chapter V "Home Culture" is discussed, the motto being "Self-control;" "School Education" in Chapter VI and "Physical Education and Culture" in Chapter VII. "Rational Occupation of the Young" and "Rest" are the headings of the closing chapters.

Diabetes (*Mellitus and Insipidus*). By A. H. SMITH, M.D., Professor of Clinical Medicine and Therapeutics at the New York Post-Graduate Medical School; Physician to the Presbyterian Hospital; Consulting Physician to St. Luke's and to the Orthopedic Hospital; member Academy Natural Sciences, Philadelphia; Fellow New York Academy of Medicine, etc. Geo. S. Davis, Detroit, Mich.

The work is indexed. The course, progress, and prognosis of this disease are so well known that further notice will be unnecessary. Under the treatment of this disease prophylactic measures are spoken of where there is a hereditary tendency, among which are selection of occupation, whether outdoor or sedentary; habits; cultivating the taste for nitrogenous in preference to amylaceous saccharine food, etc.

In reference to the exhibition of drugs, dietetic treatment is recognized as of *a priori* importance. Morphine, belladonna, bromides, antipyrin, acentanilid, phenacetin, exalgin, and all the latest remedies that have been found useful in this disease are spoken of. On the whole, the work brings the treatment of diabetes up to date, and much is condensed that may prove useful to the reader.

Wood's Medical and Surgical Monographs. January and February, 1890. Monthly; $1 a year; single copies, 10 cents. New York: William Wood & Co.

The January and February numbers of this series appear, as usual, with many valuable contributions, as follows: Neuralgia, its Etiology, Diagnosis, and Treatment, by W. R. Gowers, M.D., F.R.C.S.; the Prognosis of Diseases of the Heart, by Prof. E. Leyden, Berlin; The Sputum, a contribution to Clinical Diagnosis and Practical Examination for Tubercle Bacilli, by Peter Kaatzer, M.D.; Hypnotism, its Significance and Management Briefly Presented, by Dr. August Forel; The Forms of Nasal Obstruction in Relation to Throat and Ear diseases. In the February number the contents are: Action of Uric Acid in the Causation of Disease, by A. Haig, M.D., London; Initial Stages of Consumption, their Nature and Treatment, by Horace Dobell, M.D., London; and Ectopic Pregnancy and Pelvic Hæmatocele, by Lawson Tait, M.D. The subjects are admirably treated under their respective heads, and each volume abounds in matter of much practical interest.

A Treatise on Materia Medica, Pharmacology, and Therapeutics. By JOHN V. SHOEMAKER, A.M., M.D., Professor of Materia Medica, Pharmacy, and Therapeutics in the Medico-Chirurgical College of Philadelphia, and JOHN AULDE, M.D., Demonstrator of Clinical Medicine and of Physical Diagnosis in the Medico-Chirurgical College, of Philadelphia. In two volumes. Volume I devoted to pharmacy, general pharmacology and therapeutics, and remedial agents not properly classed with drugs. Cloth, octavo, 353 pp. Philadelphia and London, 1889: F. A. Davis, publisher.

We have read with intense interest this new work upon materia medica and therapeutics, and anticipate with pleasure the appearance of the second volume. So rapidly is the profession adopting new drugs, discarding old ones, employing new methods of treatment and radically changing many of the older methods, that it is quite impossible to keep abreast of modern medical thought with the aid only of one or two medical journals and of the college-worn text-books of days gone by. Even the later editions of standard works frequently fail to do full justice to the recent advances and discoveries. It is culpable stupidity and an indication of incorrigible ignorance on the part of any practitioner to frown down these modern improvements, and superciliously declare that the old ways are always good enough for him. With the purpose of portraying the new and retaining only the good in the old, the authors of the present work undertook their task.

After a brief introduction, some general considerations are presented regarding inorganic and organic materia medica, followed by brief notes, alphabetically arranged, covering the manipulations and mechanical operations incident to

pharmacy. Then comes a classification of medicines and an admirable *résumé* of the pharmacology and therapeutic indications of the different groups. These discussions are brief, clear, and the topics systematically arranged for ready reference. The grouping of remedies under such heads as analgesics, antipyretics, etc., and their arrangement into corresponding subdivisions, are commended as excellent features. In assisting the memory to retain such a large mass of facts the method is invaluable, and, although no strict lines can be drawn with regard to any single drug, the practitioner who learns to systematize his knowledge of materia medica in this general way will be far better able to employ the resources of his art in an intelligent and effective manner than if the attempt was made to memorize abstract facts. General considerations in regard to therapeutics comprehend such questions as modes of administration, absorption and elimination, incompatibility, prescription-writing, hypodermatic medication, alimentation, dietary for the sick, etc., and close Part I.

Part II is devoted exclusively to remedies and remedial agents used in the treatment of disease not properly classed with drugs. Electro-therapeutics occupies by far the larger space here, and is given the full consideration which its present popularity and scientific value demand. Immediately succeeding electro-therapeutics, appear sections upon oxygen, hydro-therapeutics, masso-therapeutics, heat and cold, and mineral waters. With the evident desire that nothing may escape attention that has any practical bearing on the treatment of disease, the authors close the volume with a number of short chapters on metallo-therapy, transfusion, hypnotism and suggestion, earth-dressing, Baunscheidtismus, climatology, light, music, blood-letting, and suspension. If, however, there is one thing more deserving of commendation than another in the present work, it is the determined, practical character of the authors' studies from beginning to end; no mere speculations, beautiful theories, or imaginary therapeutics are allowed to consume valuable space, and so crowd out matter of far greater importance to the general physician.

We regret that space forbids our drawing more particular attention to the separate subjects discussed, as, for instance, hypnotism, diet, hydro-therapy, and massage, but to none, we are glad to say, has more space been devoted than was absolutely necessary.

Taking the present volume in its entirety, with its extremely practical character, its liberal survey of the broad field of therapeutics, and its plain, matter-of-fact teaching, we are confident that both students and practitioners will find in it suggestions of great practical utility.

L. H. M.

CURRENT MEDICAL LITERATURE

The Yale School of Musical Science and Art. A Portion of the Record of the Meeting of October, 1888, of the Yale Alumni Association of Fairfield County, Conn.

Studies in Intestinal Surgery. By Wm. B. Van Lennep, A.M., M.D., Philadelphia, Pa.

The Possibilities of Preventive Surgery. By E. J. Ward, A.M., M.D., Waxahachie, Texas.

Announcement of the Woman's Medical College of Cincinnati. Session of 1890.

Eleventh Annual Report of the Board of Directors of the Eighth Ward Association of the Philadelphia Society for Organizing Charity. November, 1889.

Sixteenth Annual Report of the Maternity Hospital, 734 South Tenth Street. Philadelphia, 1889.

The American Academy of Medicine. Annual Address of the President, Frederic Henry Gerrish, A.M., M.D. Delivered at New York, November 13, 1888.

Misplacements of the Uterus. History of Cases, Showing how in many Instances they are Produced; The Accompanying Conditions; Microscopical Examinations. By Mary A. Dixon Jones, M.D., Brooklyn, N. Y.

Rocky Mountain Fever. By Roland G. Curtin, M.D., Philadelphia.

The Climatology of Hæmoptysis in Chronic Lung Disease from an Etiological and Therapeutic Stand-point. By Roland G. Curtin, M.D., PH.D., Philadelphia.

Climate as an Etiological Factor in Graves' Disease. By Roland G. Curtin, M.D., Philadelphia.

A Hitherto Undescribed Disease of the Ovary; Endothelioma Changing to Angeioma and Hæmatoma. By Mary A. Dixon Jones, M.D., Brooklyn.

Names and Addresses of Health Officers in Michigan for the Year 1889–90. Arranged from Returns by Local Boards of Health to the State Board of Health.

Foreign and Internal Commerce of Philadelphia, and the Relations of the Railroads to the Business Interests of the City. By John A. Wright.

Personal Observations of Leprosy in Mexico and the Sandwich Islands. By Prince A. Morrow, A.M., M.D.

Eminent Men of the Day. By Lewis Albert Sayre.

Mechanical Dysmenorrhœa. By William Goodell, M.D., Professor of Gynecoloy, University of Pennsylvania.

COMMERCIAL NEWS.

Strong Testimony.

Nutrolactis.—We have now been using this preparation for one year, and our confidence in it grows steadily with each case for which we prescribe it. The recommendations from others gave us confidence at the start, but our own experience has made it, with us, as near specific as a galactagogue as remedies ever get to be in any condition. We have used it in twenty-four cases with but one failure.

F. L. Sim, M.D.,
Editor *Memphis Medical Monthly*,
January, 1880.

About one year ago I was called to see a gentleman of this city who for fourteen years had been suffering from frequent (at least, weekly) epileptic fits, sometimes severe, sometimes light. I exhausted all the ordinary remedies upon him with little benefit. Six months since I commenced the use of Peacock's Bromides, and am pleased to say that from the very first day of its use he has not had a single paroxysm, and now feels himself entirely cured.

J. Stinson Harrison, M.D.,
1225 F St., N. W., Washington, D.C.

You can never be disappointed with a chemically pure preparation of Hypophosphites of Lime and Soda. McArthur's Syrup is guaranteed to be pure. See their advertisement on page 5, and send for a pamphlet and a sample.

J. M. Ritter, M.D., Richmond, Ia., says: "My experience with S. H. Kennedy's Extract of Pinus Canadensis has been highly satisfactory, especially in the treatment of gonorrhœa and gleet. In these lesions I regard S. H. Kennedy's Extract of Pinus Canadensis as the remedy *par excellence*. In one obstinate case of gleet, particularly, I obtained the very best results from the remedy as an injection. The case was one of six months' standing; the patient had consulted other physicians, but with negative results. I prescribed the Pinus Canadensis (white) as an injection, properly diluted. The malady yielded immediately, the discharge lessened, and finally yielded entirely, to the great delight of the patient.

The Outer Man.

E. O. Thompson's advertisement on colored insert, page 5, makes interesting reading at this season.

Professor Loisette's Memory System is creating greater interest than ever in all parts of the country, and persons wishing to improve their memory should send for his prospectus, free, as advertised in another column.

For the Good of the Patient.

During a recent conversation with one of New York's brightest and busiest physicians, the topic of disinfectants came up, their general value, usefulness, etc., their importance in preventing the spread of disease, and particularly their sanitary aid in the sick-room.

"In my daily practice I have made it a rule," remarked our busy friend, "to employ a disinfectant in almost every sick-room I enter, always where the patient is confined to the bed, and I have found such employment not only of great comfort to the attendants, but of the greatest good to the patient. By simply wetting a towel with a solution made by mixing one part of the disinfecting liquid with six or eight parts of water,—wringing the towel out so as it will not drip,—and then shaking or wafting this towel about the room for a few minutes, the air of the room is radically changed, the mephitic odors or gases—and they exist in every sick-room—are destroyed or absorbed, and a pure, sweet, refreshing atmosphere results."

"The beneficial effect upon the patient is immediately noticeable and most salutary. Just try it once, and you will be surprised as well as pleased."

"But, Doctor," we asked, "don't the patient object to the smell of the disinfectant? I think some disinfectants are worse than the mephitic gases you refer to."

"My dear boy," replied the good-natured doctor, "we don't use that kind any more. To create a bad smell to kill another is not now the method. A true and proper disinfectant has no odor, but destroys odors by chemical action."

"May we ask what the disinfectant is that you use and find of such great sanitary benefit?"

"Most gladly will I answer that question, for many years of experience and practical every-day tests have shown to me that there is but one disinfectant that we can rely on,—always the same, always ready, and always safe;—that is Platt's Chlorides. About ten years ago it was first brought to me to test, and I did test it most thoroughly, so much so and so satisfactorily that I suppose I have ordered and used since that time close to a thousand bottles every year.

"In the lying-in-room, in cases of fever, in all contagious diseases, in chronic, long-standing sickness,—in fact, as I said at the first, in almost every sick-room I visit,—about my first request is, Go get a bottle of Platt's Chlorides and let's keep the air in the room as pure as possible; give Nature every chance, and then we can make headway against the disease."

By addressing H. B. Platt, 36 Platt Street, New York, any practicing physician will be gladly furnished with a sample bottle free. Be sure and give express address, for their large sample cannot be sent by mail.